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# PSYCHOPATHOLOGY



Fig. 1.—Hygieia, the Greek Deity of Health. Health, virility and happiness being established when the serpent (phallus) is potent enough to feed from the bowl (vagina). The physician's duty being to cure debilitating diseases and promote virility hence insuring the safety of the state and race. (See Fig. 87.)

# PSYCHOPATHOLOGY

BY

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HOSPITAL FOR THE INSANE), WASHINGTON, D. C.; AUTHOR OF  
"THE AUTONOMIC FUNCTIONS AND THE PERSONALITY"

*EIGHTY-SEVEN ILLUSTRATIONS*

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1920

51

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TO

DR. WILLIAM A. WHITE

Superintendent of St. Elizabeths Hospital

THIS BOOK IS DEDICATED AS AN ACKNOWLEDG-  
MENT OF THE OPPORTUNITIES AND ENCOURAGE-  
MENT FOR RESEARCH WORK IN PSYCHOPATH-  
OLOGY WHILE ON THE STAFF OF ST. ELIZABETHS  
HOSPITAL



## PREFACE

This book has been written for the professional student of human behavior who must have an unprejudiced insight into human nature in order to deal justly and intelligently with problems of abnormal behavior as they are brought to the physician, rectory, police courts, prisons and asylums, and the directors of schools and colleges, and the commanders of military and naval organizations.

In order to avoid speculation and theorizing, most of the space is devoted to plain expositions of the actual difficulties of cases. They are presented to speak for themselves. Naturally an enormous amount of valuable data on delusions, hallucinations, symbols, symptoms, defensive and compensatory methods of thinking, different types of inferiorities and causes of inferiorities, etc., is scattered through these cases. The most important illustrations have been collected together in the *index* to be readily accessible to the reader. For this tedious, difficult work I am especially indebted to Mrs. Kempf. The index has greatly increased the usefulness of the book.

Most of the case material has been taken from the cases admitted to St. Elizabeths Hospital, and for this privilege I am indebted to Dr. W. A. White, superintendent of the institution. I am also indebted to Prof. Adolf Meyer for the privilege of using some case material I worked out while assisting him at The Phipps Psychiatric Clinic in Baltimore. The members of the staff of St. Elizabeths Hospital assisted me materially in collecting the more interesting cases and I wish to thank especially Drs. Mary O'Malley, Anita Wilson Harper, Helen Clarke Kempf, Lieut. Col. Paul Freeman, U. S. A., M. C., and Dr. James C. Hassell for collecting interesting observations on the wards which would otherwise have been lost. I wish also to thank Miss Clara Willard and Mrs. Kempf for correcting and editing the manuscript and Mr. Edward Clements for his patience and kindness in typewriting it.

EDWARD J. KEMPF.

St. Elizabeths Hospital,  
Washington, D. C.



# CONTENTS

CHAPTER I	PAGE
THE PHYSIOLOGICAL FOUNDATIONS OF THE PERSONALITY . . . . .	20
<p>The Autonomic Apparatus, 21; The Projicient Apparatus, 21; Peripheral Origin of Cravings (emotions, wishes, sentiments) in Different Segments of the Autonomic Apparatus, 21; Mechanism of Postural Tensions, 21; The Influence of the Autonomic-Affective Cravings on Postural Tensions and Kin-aesthetic Sensations, 22; The Mechanism of Conflict between Segmental Cravings and between Segmental Cravings and the <i>Ego</i>, 28; The Value of the Projicient Apparatus to the Autonomic Apparatus, 29; The Nature of Consciousness and the Content of Consciousness, 31; The Conditioning of Autonomic-Affective Cravings, 36; Substitutions of Symbols, Fetiches, Images, Delusions, Hallucinations for Realities Which Are Needed to Gratify Uncontrollable Cravings or Relieve <i>Fear</i>, 39; The Affect and the Use or Dis-use of Organs, Anaesthesia and Hyperaesthesia of Receptors, 49; The Physiological Nature of Memory, 49; Complex Nature of the Autonomic-Affective Stream, 52; The Development of the <i>Ego</i>, 52; Mechanism of the "Transference," 56; Origin and Nature of the Will, 57; Affective Adjustments, <i>Suppression</i>, <i>Repression</i>, <i>Summation</i>, <i>Dissociation</i>, <i>Regression</i>, <i>Compensation</i>, <i>Readjustment</i>, <i>Assimilation</i>, <i>Sublimation</i>, 61; Psychopathic <i>Eliminations</i> or <i>Simulations</i>, 69; Formula of the Affective Conflict, the Environment and Behavior, 74.</p>	
CHAPTER II	
THE PSYCHOLOGY OF THE FAMILY . . . . .	76
<p>The Conditioned Autonomic-Affective Cravings of the Individual and the Influence of his Associates, 76; His Associates and Environmental Situations as Compound Stimuli, 77; The Insidious Repressive Influence of Parents and Associates Who tend to Repress their Own Cravings, 80; The Psychopath and the Influence of Associates, 80; The Judge and His Son, 82; The Russian Peasant Girl, 83; The Letter of A Business Man about His Mother's Influence upon Himself and His Brothers and Sisters, 87; The Family's Resistance and Pernicious Regression and Dissociation of the Youth's Personality, 88; Causes of Variations in Family Adjustments and Matings, 91; The Child that Binds the Mismatched, 93; The Child that is Hated Unconsciously and the Matured, Brooding Psychopath, 93; The Wife's Disgust for Sexual Relations and Her Insidious Castration of the Husband, the Husband as a Homosexual Regressive, 94; The Foundation of the Oedipus and Electra Love Fixation in the Child Due to the Dissatisfied, Erotic, Clinging Parent, 102; The Homosexual Father and Parricidal Inspirations in His Matured Son as Biological Compulsions, 103; Competition for Social Esteem and the Serious Influence of Flirtatious, Flattering Parents and Teachers, 104; The Insidi-</p>	

ous Pathological Influence of Dominating the Child to Strive to be "First" and "Best," 112; The Despair of Relative Organic Inferiority, 112; Transmission of Familiar Functional Traits through the Conditioning Influence of Associates, 117.

### CHAPTER III

#### THE UNIVERSAL STRUGGLE FOR VIRILITY, GOODNESS AND HAPPINESS . . . . . 118

Definition of Virility, Goodness, Happiness, 118; The Biological Laws of the Struggle, 119; The Bisexual Attributes at Birth, 120; The Influence of Associates and the Development of Aggressive and Submissive Masculine Traits in Competition where Adequate and Inadequate Compensations Are Developed through Training in Childhood, 122; The Influence of the Unconscious Attitude of Others toward Superior and Inferior Organic and Functional Traits, 122; The Seven Stages of Evolution of the Sexual Functions, 123; The Precedence of Homosexual Interests to Heterosexual Interests in Man and the Infrahuman Primate, 139; Marriages as Cures for Psychopathic and Painful Situations, 156; The Biological Struggles of Males and Females with Conventions and Perverse Resistances as Portrayed in Art and Myths, 165.

### CHAPTER IV

#### INFLUENCE OF ORGANIC AND FUNCTIONAL INFERIORITIES UPON THE PERSONALITY . 179

Competition and Contrast of Organs and Functions, 179; The Necessity of Compensation for the Inferiority, 180; Fear of Failure in Sexual Selection, 181; Failure and Avoiding Competition and Affective Regression, 183; *Elimination* of the Inferiority, 183; Castrations (Surgical and Functional) 184; Catatonic and Hebephrenic Adaptations, 184; *Simulations* and Eccentric Compensations (Paranoid), 184; The Influence of Hatred, 185.

### CHAPTER V

#### MECHANISTIC CLASSIFICATION OF NEUROSES AND PSYCHOSES PRODUCED BY DISTORTION OF AUTONOMIC-AFFECTIVE FUNCTIONS . . . . . 189

Necessity of Abandoning the Old Modified Kraepelinian System of Classification, 189; Advantages of a More Adaptable Simple Method, 192; Discussion of the New Method, 193; Table, 190.

### CHAPTER VI

#### THE MECHANISM OF THE SUPPRESSION OR ANXIETY NEUROSES . . . . . 201

Variations in Degree of Anxiety, 201; Symptoms of Anxiety and Spastic Tensions, 202; Anxiety and Sexual Impotence, 203; The Influence of *Fear* without Insight into the Cause, 203; Failures of Compensation, 205; The Anxiety Neurosis of Charles Darwin, 208; The Conditioning Factors in His Family that Determined His Professional Selections, 213; The Personal Sources of His Theory of Evolution, 241; The Wish to Hallucinate His Father, 244; The Anxiety Neurosis of a Scientist Which Later Developed Compensatory Paranoid Inspirations, 251; The Father's Repressive Rivalry and

the Autoerotic Mother Fixation in Youth as the Foundation of the Parricidal Compulsion, or Crucifixial Psychosis, or the Sacrificial Suicide after Maturity, 285.

CHAPTER VII

REPRESSION OR PSYCHONEUROSES; THEIR MECHANISMS AND RELATION TO PSYCHOSES DUE TO REPRESSED AUTONOMIC CRAVINGS . . . . . 289

Differentiation of Anxiety or Suppression Neuroses from Repression Neuroses, 289; Phobias, Compulsions, Obsessions, Delusions, Hallucinations, 292; Elimination or Castration Strivings and Simulation Strivings, 293; Case of Mysophobia, 293; Case of Convulsions, Vomiting, Anesthesia, Visual Constriction, Erythema and Itching, 297; Case of Functional Paralysis as a Castration of Incestuous Autoeroticism, 318; Suicidal Compulsions as Castration of Incestuous Autoeroticism, 322; Perverse Sexual Cravings and Suicidal Compulsions, 323; Case of Fear of "Dying" and Choking, and an Abdominal Tic Relating to Submissive Homosexual and Impregnation Cravings, 327; Simulations to Escape Responsibility, Case of Railroad Spine, 335; Simulations of Pregnancy and Labor Produced by the Dissociated Erotic Cravings, 335; Simulation of Diseases and Functional Distortion as Defenses against External Causes of Fear in Fearful Perverse Erotic Compulsions, 345; Relation of Repression Neuroses to Dissociations of the Personality and Affective Regressions, 352.

CHAPTER VIII

BENIGN COMPENSATION OR REGRESSION NEUROSES, WITH OR WITHOUT DISSOCIATION OF PERSONALITY, MANIC-DEPRESSIVE PSYCHOSES. ELIMINATION OR SIMULATION FOR WISH-FULFILLMENT IN AFFECTIVE CRISES . . . . . 353

Two General Types of Depression, With Anxiety or Without Anxiety, 353; Case of Prudish, Intelligent Woman Trying to Eliminate Uncontrollable Eroticism, 355; the Autoerotic Significance of Skin and Hair or Scalp Rubbing, Picking, Scratching, Finger Biting, Rubbing Sputum in the Skin and Hair, Clothing or Furniture, Picking out Threads, as Extraneous Bits and Placing Them in the Mouth, 369; Oral-Gastric Erotic Cravings and Swallowing Sticks, Glass, Needles, Nails, Hair, etc., 377; Autoerotic Fancies and Their Fixation, 378; Depression Without Anxiety, as an Affective Regression to an Infantile or Intrauterine Level, 379; The Erotic Flight Followed by Renunciation of the Love-Object and Infantile Affective Regression, 379; The Mechanism of the Manic-Erotic Flight and the Unrestrained Incestuous Fantasy, 379; The Sublimated Parental Attachment, 384; Case of Unrestrained Erotic Indulgence and Dissociation of the Personality, 385; The Ego's Gradual Reassimilation of the "Mysterious" Hallucinations as "Imaginations" (Meaning Wish-fulfilling Creations), 400; Case Organic Inferiorities and Erotic Fancies Revealing Mechanism of Compensation, 402; Manic Compensatory Striving as a Defense against Uncontrollable Eroticism, 407; The Double Value of the Symbols used and the Behavior, 410; Anal-Erotic Compulsions and the Defense to Conceal Them in One Case and the Heedless Indulgence in Another, 418; Differentiation of the Attitude Toward the Erotic Compulsions by the Dread of, or Delight in Getting into Rapport with the Physician, 419.

## CHAPTER IX

PERNICIOUS REPRESSION COMPENSATION NEUROSES. THE PSYCHOPATHOLOGY OF  
PARANOIA . . . . . 421

The Particular Nature of the Biological Inferiority and the Eccentric Compensatory Struggle to Develop Virility and Win Social Esteem, 421; Competition and Contrast of Inferior Organs and Functions, 421; The Phylogenetic Foundations of the Dread of being Biologically Inferior, 421; Compensations for Sexual Impotence and Fear of becoming Homosexually Submissive, 422; Perpetual Motion Machines and Eccentric Inventions as Compensations, 423; Language Creations as a Defense and Self-aggrandizement, 431; The Potential Dangerousness of the Paranoiac lies in his *Fear* of becoming Perverted and his *Hatred* of any Influence in that Direction, 435; The Domineering Father and Parricidal Inspirations, 439; The Resultant Affective Compulsions that Culminated in the Assassinations of Lincoln and Garfield, 440; The Mechanism of Dissociation of the Personality in the Paranoiac and His Defense Without Deterioration, Differentiated from His Defense With Deterioration, 449; The Enduring Nature of the Final Dissociated Adjustment When the Individual Becomes Convinced that the Erotic Compulsions Are Caused by Secret Plots of Other People (Case PD-1), 450; Marriage as a Defensive Solution of Homosexual Compulsions, 457; The Paranoid Defense of Homosexual Compulsions in the Female, 472; The Relation of Paranoid Compensations to Similar Compensations for Functional Inferiorities having an Organic Foundation But a Perverse Tendency, 473.

## CHAPTER X

THE PSYCHOPATHOLOGY OF THE ACUTE HOMOSEXUAL PANIC. ACUTE PERNICIOUS  
DISSOCIATION NEUROSES . . . . . 477

Mechanism of the Homosexual Panic, 477; The Sensory Disturbances and Hallucinations Caused by the Uncontrollable Erotic Cravings Which Become Dissociated, 478; The Ego's Desperate Defensive Striving and Terror of Eternal Disgrace and Biological Impotence, 478; The Significance of Delusions about "Poison" in the Food and Oral, Nursing Erotic Cravings, 480; The Erotic Cravings Compelling Impulsive Gratification after the *Ego* Has Lost Control, 480; Series of Cases Illustrating Homosexual Panics and Homosexual Submissions, 480; Symbolic Manner of Describing Difficulties, 482; Symbolism of the Hallucinated Snake, Poison, Dope, etc., 488; Paranoid Mechanism in Women, 507; "Freezing" Repressive Influence of the Female upon the Homosexual Male, 511; The Regressive (Intrauterine) Significance of Some Suicides, 511; The Prognosis of Homosexual Panics, 514.

## CHAPTER XI

THE PSYCHOPATHOLOGY OF CHRONIC PERNICIOUS DISSOCIATION OF THE PERSONAL-  
ITY WITH DEFENSIVE HATRED, ECCENTRIC PARANOID COMPENSATIONS AND  
PERNICIOUS DETERIORATION . . . . . 516

The Reconstructive Influence of a *Positive Transference* in the Cases that Recover, 516; Cases of so-called Paranoid Dementia *Præcox*, their Behavior, Fear, Defense, and Manners of Recovery, 518; The Paranoiac's Vicious Circle because of Blaming Others for his Inferiorities When the Cause of the Sensory Disturbances Lies in the Repressed Dissociated Cravings, 523; The Unadjustable Conflict When the Family Becomes Intimately Involved, 533;

## CONTENTS

xiii

PAGE

The Sexual Fixation of the Male Paranoiac on the Mother and the Female on the Father, 551; The Significance of Crucifixion Tendencies in the Paranoiac in Contrast with the Overt Crucifixion in the Catatonic, 554.

### CHAPTER XII

#### THE PSYCHOPATHOLOGY OF CHRONIC PERNICIOUS DISSOCIATION OF THE PERSONALITY WITH CRUCIFIXION AND CATATONIC ADAPTATIONS TO THE REPRESSED CRAVINGS . . . . . 556

Catatonic Adaptations in Animals and Man to Causes of *Fear* Associated with *Sexual Excitation*, 556; The Dissociated Sexual Cravings and the Catatonic's Defensive Adjustment to Environmental Temptations but Submissive Enjoyment of the Erotic Fancies, Hallucinations, etc., 557; The *Ego's* Yielding Crucifixion to the Uncontrollable Affect, 557; Impregnation and Labor Fantasies, 563; Feelings of Dying and Rebirth, 563; The Significance of the Catatonic Male's and Female's Feelings of Being Crucified and Being "Christ," 569; Christ as the Symbolization of Equally Active Bisexual Tendencies, 578; Variations of Adjustment, to the Erotic Pressure to Become a Love-Object, from Fanatical Compensations to Utterly Heedless Resignation, 590; A Case of Spontaneous, Unreserved Confession of Erotic Perverseness with Gradual Assimilation of the Repressed Cravings and a Practical Reconstitution, 605; The Essential Differences between Catatonic and Paranoid Adjustments to the Erotic Pressure and the Differences in the Conditioned Nature of the Erotic Pressure, 613.

### CHAPTER XIII

#### THE PSYCHOPATHOLOGY OF CHRONIC PERNICIOUS DISSOCIATION OF THE PERSONALITY WITH HEBEPHRENIC ADAPTATIONS—PREDOMINANCE OF EXCRETORY EROTIC INTERESTS . . . . . 615

Paranoid, Catatonic and Hebephrenic Adaptations to Failure Determined by the Conditioned Nature of the Erotic Cravings, 615; Fascination for the Excretions among Primitive Peoples, the Illiterate, and the Medical Profession of Yesterday, 615; Case of Persistent Affective Repression, Pernicious Regression to the Intrauterine Level with Dissociation of the Personality, Panic and No Insight, Predominance of Excretory, Autoerotic Interests followed by Progressive Reconstitution of the Personality through Psychoanalysis, 617; Influence of the Positive Transference, 654; Episodic Anal Erotic Compulsions and Episodic Confusions of the Epileptoid Type, 661; Anal Eroticism and Cravings to Destroy, 662; Love of Filth and Waste in Anal Erotic, 662; Comparison with Mysophobic Compulsions in Attempts to Eliminate Anal Erotic Cravings, 662; Case of Insidious Development of Anal Eroticism and the Tendency to True Epileptic Orgasms, 684; Hebephrenic Self-Cures, 690; Hebephrenic Impregnation Fantasies, 691; An Anal Erotic Paranoiac without Deterioration, 691; Summary, 693.

### CHAPTER XIV

#### RECONSIDERATION OF THE CONDITIONED AUTONOMIC AFFECTIVE DETERMINANTS OF ABNORMAL VARIATIONS OF BEHAVIOR . . . . . 698

The Forces of the Personality, 698; The Repressed Segmental Craving and the Symbol, Ritual, Fetish, Fancy, Fairy Tale, Novel, Psychosis, 704;

Influence of Affective Cravings on Postural Tensions, 706; Differences in the Mechanisms of the Neuroses and Psychoses, 710; Determinants of the Prognosis of Affective Distortions, 715; Symptoms of Affective Conflicts, 720.

## CHAPTER XV

## PSYCHOTHERAPEUTIC PRINCIPLES . . . . . 733

The Problem of the Ego and the Segmental Craving, 733; The Suggestive Method of Treatment, 733; The Psychoanalytic Method, 734; The Necessity of Restoring the Vigor of the Ego before Beginning a Psychoanalysis, 737; The Development and Control of the Transference, 738; The *Absolute* Necessity of Freedom of Association of Thought, 742; The Use of an Assistant in Psychoanalysis when the Transference cannot be Controlled, 742; Responsibility of Penal Institutions and Asylums, 743; Because of the Wholesale Erotic Perversities that *Must* Occur Where Men or Women are Isolated and Discouraged from Again Winning Social Fitness and Freedom, 745; The Biological Castration Tendency of Present American Social Practices, 746.

## ILLUSTRATIONS

FIG.	PAGE
1. Hygeia . . . . .	Frontispiece
2. African Phallic Wand . . . . .	39
3. Aztec Phallic Ceremonial Knife . . . . .	39
4. Symbols of Sexual Union . . . . .	40
5. Symbols of Sexual Union	
A. Winged Phallus . . . . .	42
B. Phallus Grasped by Crab . . . . .	43
C. Maiden and Serpent . . . . .	44
D. Copulation Design . . . . .	45
E. Double Vase . . . . .	46
F. Copulation Design . . . . .	47
6. Symbolic Postures of Hands . . . . .	48
7. Maha-Kali, Wife of the God Siva . . . . .	95
8. Egyptian God Phtha . . . . .	97
9. Java Temple and Legend . . . . .	100
10. Costa Rican Phallus as Diety . . . . .	107
11. Pygmalion and Galatea—Rodin . . . . .	108
12. Courtesan—Rodin . . . . .	114
13. Martyr—Rodin . . . . .	115
14. In the Garden—Brush . . . . .	116
15. Costa Rican Copulation Fetich (Prehistoric) . . . . .	125
16. Mars and Venus United by Love—Veronese . . . . .	126
17(a) Two Natures of Man—Barnard . . . . .	137
(b) St. Michael, the Archangel—Zurbaran . . . . .	137
(c) Theseus Slaying Minotaur—Barye . . . . .	137
(d) Theseus Slaying Centaur—Barye . . . . .	137
18. Centaur and Cupid . . . . .	138
19. Hercules and Omphale—Boulanger . . . . .	142
20. Eternal Spring—Rodin . . . . .	143
21. Lost Hour and Maternity—Beveridge . . . . .	146
22. Caryatid—Rodin . . . . .	147
23(a) The Storm—Cot . . . . .	148
(b) The Ring—Alexander . . . . .	148
24. Madonna of the Rose—Dagnan-Bouveret . . . . .	149
25. Mother—Lewin-Funcke . . . . .	150
26. Bacchante—MacMonnies . . . . .	151
27. Der Sphinx—Von Stuck . . . . .	153
28. Requiem—from Pfister . . . . .	160
29. Isle of the Dead—Boecklin . . . . .	161
30. Fetal Position of Egyptian Burial . . . . .	163
31. Buddha . . . . .	164
32. Ivory Coast African Copulation Fetich . . . . .	167
33. Aztec God—Phallic Border of the Robe . . . . .	168

FIG.	PAGE
34. Aegean Goddess, with Serpent Attributes . . . . .	169
35. Falling Leaves—Merle . . . . .	170
36. Graziella—Lefebvre . . . . .	171
37. Lachrymæ—Leighton . . . . .	172
38. Eve—Rodin . . . . .	173
39. Eve . . . . .	175
40. Simulation of Manhood . . . . .	182
41-A. Spastic Distortion as Defense against Anal Erotic Cravings . . . . .	347
41-B. Biting off Lips as Defense against Oral Erotic Cravings . . . . .	351
42. Cupid and Psyche—Rodin . . . . .	354
43. Posture of Regression . . . . .	355
44. Mother Earth as Madonna . . . . .	363
45. La Pensée—Rodin . . . . .	371
46. Centauress—Rodin . . . . .	372
47. Captive—Michelangelo . . . . .	374
48. Hand of God—Rodin . . . . .	382
49. Die Hoffnung—v. Bodenhausen . . . . .	406
50. Inspired, Dissociated Paranoid Type with Purified Hands . . . . .	413
51. "First Church—Perpetual Motion"—Patient . . . . .	428
52. Cover of Magazine—Erté . . . . .	489
53. Desperate Striving to be Fiercely Masculine . . . . .	552
54. Pietà—Michelangelo . . . . .	565
55. The Resurrection or Rebirth . . . . .	567
56. Seal of Lichfield Cathedral . . . . .	569
57. Window of Dumblane Abbey . . . . .	569
58. The Vulva and its Symbol, the Ellipse . . . . .	571
59. Imitation of Christ as a Biological Type . . . . .	604
60. Catatonic as God . . . . .	610
61. Leda and Swan—Michelangelo . . . . .	640
62. Fetal Posture of Negress . . . . .	642
63. Regression to Early Childhood . . . . .	655
64. Costa Rican Sculpture, Fetal Position (Prehistoric) . . . . .	659
65. Hebephrenic Fetal Postures . . . . .	660
66. Hebephrenic in Primitive Posture . . . . .	661
67. Crochet Work Showing Preadolescent Incest Fantasy (A and B) . . . . .	694
68. Regression to Infancy . . . . .	696
69. Masculine Compensation in Homosexual Female . . . . .	701
70. African Fetich Tree . . . . .	705
71. Omnipotence as a Compensation for Impotence . . . . .	706
72. Asylum Group . . . . .	707
73. Characteristic Biological Result of Dissociated Oral Eroticism . . . . .	708
74. Auto- and Anal-Erotic Catatonic Showing Posture of Hands . . . . .	721
75. Autoerotic Joy . . . . .	721
76. Autoerotic Terror . . . . .	722
77. Prayer to be Saved from Oral Eroticism . . . . .	722
78. Anal Erotic Joy . . . . .	723
79. Anal Erotic Hate . . . . .	723
80. Anal Erotic Terror . . . . .	723
81. Oral Erotic Suppression . . . . .	724
82. Adaptations to Anal Eroticism . . . . .	725

FIG.	PAGE
83. Adaptations to Perverse Eroticism . . . . .	726
84. Adaptations to Perverse Eroticism . . . . .	727
85. Castration of Eye as Defense against Auto Eroticism (Incestuous) . . . .	728
86. Contrite Virgin . . . . .	728
87. Aesculapius . . . . .	739

*ILLUSTRATIONS ARRANGED ACCORDING TO THEIR AFFECTIVE OR  
SYMBOLIC SIGNIFICANCE*

*Phallic*

2. African Phallic Wand . . . . .	39
3. Aztec Ceremonial Knife . . . . .	39
10. Costa Rican Phallus as Deity . . . . .	107
33. Aztec God—Phallic Border of Robe . . . . .	168
34. Aegean Goddess, with Serpent Attributes . . . . .	169
70. African Fetich Tree . . . . .	705

*Vulvar*

56. Seal of Lichfield Cathedral . . . . .	569
57. Window of Dumblane Abbey . . . . .	569
58. The Vulva and Its Symbol, the Ellipse . . . . .	571

*Symbols of Sexual Union*

1. Hygeia . . . . .	Frontispiece
4. Sexual Union . . . . .	40
5. Sexual Union . . . . .	42-47
6. Symbolic Postures of Hands . . . . .	48
15. Costa Rican Copulation Fetich . . . . .	125
16. Mars and Venus United by Love . . . . .	126
32. African Ivory Coast Copulation Fetich . . . . .	167
51. First Church—Perpetual Motion . . . . .	428
87. Aesculapius . . . . .	739

*Sexual Attachment to Parents or Children*

9. Java Temple . . . . .	100
11. Pygmalion and Galatea . . . . .	108
27. Der Sphinx . . . . .	153
54. Pietà . . . . .	565
61. Leda and Swan . . . . .	640
67. Crochet Work . . . . .	694

*Heterosexuality*

12. Courtesan . . . . .	114
13. Martyr . . . . .	115
14. In the Garden . . . . .	116
20. Eternal Spring . . . . .	143
21. Lost Hour and Maternity . . . . .	146
22. Caryatid . . . . .	147
48. Hand of God . . . . .	382
49. Die Hoffnung . . . . .	406

FIG.	PAGE
23. A. The Storm . . . . .	148
B. The Ring . . . . .	148
24. Madonna of the Rose . . . . .	149
25. Mother . . . . .	150
26. Bacchante . . . . .	151
35. Falling Leaves . . . . .	170
36. Graziella . . . . .	171
37. Lachrymæ . . . . .	172
38. Eve . . . . .	173
39. Eve . . . . .	175
42. Cupid and Psyche . . . . .	354
44. Mother Earth as Madonna . . . . .	363

#### *Homosexuality*

7. Maha-Kali . . . . .	95
17. A. Two Natures of Man . . . . .	137
B. St. Michael, the Archangel . . . . .	137
C. Theseus Slaying Minotaur . . . . .	137
D. Theseus Slaying Centaur . . . . .	137
18. Centaur and Cupid . . . . .	138
19. Hercules and Omphale . . . . .	142
52. Cover of Magazine . . . . .	552
72. Asylum Group . . . . .	707
73. Dissociated Oral Erotic Personality . . . . .	708
74. Catatonic . . . . .	721
77. Prayer to be Saved from Homosexuality . . . . .	722
78. Anal Erotic Joy . . . . .	723
79. Anal Erotic Hate . . . . .	723
80. Anal Erotic Terror . . . . .	723
81. Oral Erotic Suppression . . . . .	724
82. Adaptations to Anal Eroticism . . . . .	725
83, 84. Further Adaptations to Perverse Eroticism . . . . .	726-727

#### *Autoeroticism*

8. Egyptian God Phtha . . . . .	97
31. Buddha . . . . .	164
45. La Pensée . . . . .	371
46. Centauress . . . . .	372
47. Captive . . . . .	374
75. Autoerotic Joy . . . . .	721
76. Autoerotic Terror . . . . .	722

#### *Regressions*

62. Fetal Posture of Negress . . . . .	642
55. The Resurrection or Rebirth . . . . .	567
63. Regression to Early Childhood . . . . .	655
64. Costa Rican Sculpture, Fetal Position (Prehistoric) . . . . .	659
65. Hebephrenic Fetal Postures . . . . .	660
66. Hebephrenic in Primitive Posture . . . . .	661
68. Regression to Infancy . . . . .	696

# ILLUSTRATIONS

xix

FIG.	PAGE
28. Requiem . . . . .	160
29. Isle of the Dead . . . . .	161
30. Fetal Posture of Egyptian Burial . . . . .	163
43. Posture of Regression . . . . .	355

## *Compensations and Defenses*

40. Simulation of Manhood . . . . .	182
41. A. Spastic Distortion . . . . .	347
B. Destruction of Lips . . . . .	351
50. Purified Hands in Autoerotic . . . . .	413
53. Desperate Striving to be Fiercely Masculine . . . . .	552
59. Imitation of Christ . . . . .	604
60. Catatonic as God . . . . .	610
69. Masculine Compensation in Homosexual Female . . . . .	701
71. Omnipotence as a Compensation for Impotence . . . . .	706
85. Castration as a Defense Against Eroticism . . . . .	728
86. Contrite Virgin . . . . .	728

## LIST OF CASES

AN = Anxiety neurosis  
 PN = Psychoneurosis  
 MD = Manic depressive dissociation  
 • P = Paranoia  
 PD = Paranoid dissociation  
 CD = Catatonic dissociation  
 HD = Hebephrenic dissociation  
 GP = General paresis  
 AS = Arteriosclerotic deterioration

CASES	PAGE
AN-1. Fixed grandfather attachment with hallucinations and suicidal compulsions	83
AN-2. Affective sources of Darwin's inspirations and anxiety neurosis . . . .	208
AN-3. Mother fixation, father domination, autoeroticism and pernicious sense of inferiority with parricidal inspiration in maturity, final suicide as a sacrifice . . . . .	251
 PN-1. Mysophobia of young woman . . . . .	 293
PN-2. Convulsions, anesthesia, vomiting, erythema, itching of young woman .	297
PN-3. Functional paralysis . . . . .	318
PN-4. Compulsion to smash head . . . . .	322
PN-5. Compulsion to suicide . . . . .	323
PN-6. Abdominal tic and laryngeal tensions . . . . .	327
PN-7. Spastic distortion, defensive . . . . .	345
 MD-1. Anxiety because of eroticism and simulations of pregnancy . . . . .	 355
MD-2. Anxiety because of erotic hallucinations . . . . .	364
MD-3. Anxiety because of autoerotic compulsions . . . . .	372
MD-4. Anxiety because of autoerotic and oral erotic compulsions . . . . .	376
MD-5. Periodic erotic flights and regressions . . . . .	379
MD-6. Manic-overcompensation to be mother's hero, followed by infantile regression, later followed by paranoid brooding . . . . .	381
MD-7. Abandonment to erotic flight with hallucinatory gratifications . . . .	385
MD-8. Erotic fancies, overcompensation for organic and functional inferiorities .	402
MD-9. Fear of homosexual submissive compulsions with violent, bluffing defense	407
MD-10. Wild manic compensation for fear of inferiority . . . . .	409
MD-11. Wild manic compensation as defense against uncontrollable anal erotic cravings . . . . .	409
MD-12. Abandonment to autoerotic cravings without fear . . . . .	418
MD-13. Abandonment to autoerotic preadolescent cravings without fear . . . .	516

# LIST OF CASES

XXi

CASES	PAGE
P-1. Heterosexual impotence, fear of homosexual submissiveness with defensive compensations of divine omnipotence . . . . .	423
P-2. Similar to P-1 in divine inspirations resulting in violent tragedy . . . . .	434
P-3. Fear of small genitalia and sexual inferiorities with compensatory compulsions to invent world's most powerful cannon . . . . .	436
P-4. Paternal persecution in youth with parricidal compulsions in maturity—Guiteau . . . . .	440
P-5. Paternal influence in youth with parricidal inspiration in maturity—J. Wilkes Booth . . . . .	447
PD-1. Fear of homosexual submissive compulsions, with dissociation of personality, and brilliant literary compensations . . . . .	450
PD-5. Fear of homosexual submissive compulsions with marriage as a defense, final pernicious dissociation of personality . . . . .	457
PD-6. Fear of homosexual submissive compulsions with systematized delusions and counterattack . . . . .	458
PD-7. Pernicious dissociation due to homosexual submissive cravings . . . . .	95
PD-8. Pernicious periodic dissociation with eccentric omnipotent compensatory fancies . . . . .	96
PD-9. Fear of homosexual cravings with defensive marriage . . . . .	459
PD-10. Pernicious dissociation due to homosexual compulsions, finally suicide as escape . . . . .	462
PD-11. Fear of homosexual compulsions with violent counterattack . . . . .	469
PD-12. Pernicious dissociation due to autoerotic cravings with compensatory fancies of developing omnipotence . . . . .	470
PD-13. Pernicious dissociation due to homosexual cravings with omnipotence defense . . . . .	480
PD-14. Acute panic upon homosexual regression in male with recovery . . . . .	484
PD-15. Acute panic upon homosexual regression in male with recovery . . . . .	486
PD-16. Acute panic upon homosexual regression, marriage, with eventual pernicious dissociation . . . . .	325
PD-17. Uncontrollable erotic simulations with panic at hallucinated homosexual assault in female . . . . .	335
PD-18. Panic upon homosexual regression in male with pernicious dissociation . . . . .	489
PD-19. Homosexual regression without panic in male . . . . .	491
PD-20. Acute panic upon homosexual regression in male, with recovery . . . . .	493
PD-21. Acute panic upon homosexual regression in male, with recovery . . . . .	494
PD-22. Acute panic upon homosexual regression in male, with recovery . . . . .	496
PD-23. Panic upon homosexual regression in male, with recovery . . . . .	498
PD-24. Pernicious dissociation in negro . . . . .	500
PD-25. Pernicious dissociation with fear of castration . . . . .	501
PD-26. Pernicious dissociation with crucifixion cravings . . . . .	502
PD-27. Acute pernicious dissociation with vivid wish-fulfilling hallucinations . . . . .	502
PD-28. Pernicious dissociation in female, panic upon uncontrollable homosexual cravings . . . . .	507
PD-29. Pernicious dissociation in female with systematized paranoid delusion of persecution due to secret autoeroticism . . . . .	508
PD-30. Panic with suicidal compulsions upon heterosexual failure in an illiterate Russian male immigrant . . . . .	511
PD-31. Panic with suicidal compulsions upon heterosexual failure in an intelligent American . . . . .	513

CASES	PAGE
PD-32. Pernicious dissociation in anal erotic female having vigorous prostitution compulsions . . . . .	691
PD-33. Pernicious dissociation due to irrepressible oral homosexual cravings with paranoid defense, recovery . . . . .	517
PD-34. Pernicious dissociation due to irrepressible homosexual cravings with paranoid defense, partial recovery . . . . .	526
PD-35. Incestuous mother fixation, father-uncle hatred, homosexual fears, final pernicious dissociation . . . . .	533
PD-36. Pernicious dissociation in female with homosexual cravings and heterosexual aversions . . . . .	547
CD-1. Homosexual regression in male with crucifixion to the father, catatonic adaptation, impregnation, rebirth, reconstitution, manner of recovery . . . . .	557
CD-2. Crucifixion to the father and mother, with catatonic adaptation to uncontrollable erotic compulsions in female, manner of recovery . . . . .	572
CD-3. Uncontrollable autoerotic compulsions with catatonic adaptation, manner of recovery . . . . .	579
CD-4. Uncontrollable homosexual crucifixial compulsions with wild compensatory defensive strivings . . . . .	590
CD-5. Self-castration compulsions as compensatory defense against uncontrollable autoerotic and homosexual cravings . . . . .	600
CD-6. Acute homosexual panic in male showing erotic value of hallucinated snake . . . . .	603
CD-7. Crucifixial inspirations and sublimations of father attachment . . . . .	604
CD-8. Chronic tendency to polymorphous sexual perverseness culminated by eccentric fervid compensatory compulsions, crucifixion and elimination of perverseness . . . . .	605
CD-9. Oral eroticism with panic and self-purification . . . . .	601
HD-1. Chronic sexual repression, pernicious dissociation, regression, reconstitution, manner of recovery with insight . . . . .	617
HD-2. Pernicious dissociation with permanent regression to infantile level . . . . .	654
HD-3. Pernicious dissociation with permanent regression to infantile excretory erotic level . . . . .	656
HD-4. Pernicious dissociation due to homosexual cravings with omnipotent compensatory defense . . . . .	662
HD-5. Epileptoid convulsions in dissociated personality having uncontrollable submissive anal erotic cravings . . . . .	671
HD-6. Epileptoid stupor in dissociated personality having uncontrollable submissive anal erotic cravings . . . . .	672
HD-7. Stuporous confusion in hebephrenic erotic state . . . . .	673
HD-8. Submissive anal erotic compulsions . . . . .	673
HD-9. Submissive anal erotic compulsions in stupid dissociated personality . . . . .	674
HD-10. Violent hatred in anal erotic female . . . . .	674
HD-11. Pernicious dissociation due to uncontrollable submissive anal erotic cravings, impregnation and father fancies . . . . .	675
HD-12. Pernicious dissociation due to submissive anal erotic cravings, social recovery . . . . .	680
HD-13. Pernicious dissociation due to anal and autoerotic cravings . . . . .	682

# LIST OF CASES

xxiii

CASES	PAGE
HD-14. True epilepsy of insidious development, pernicious regression in anal erotic youth having an infantile mother attachment . . . . .	684
HD-15. Pernicious dissociation with eccentric compensatory defenses against auto-eroticism . . . . .	325
HD-16. Pregnancy feelings and fancies in male . . . . .	691
HD-17. Naïve cures for impotence . . . . .	688
GP-1. Paretic with fears of heterosexual impotence and compensatory euphoric defense . . . . .	473
GP-2. Paretic with homosexual fears and compensatory defense . . . . .	474
AS-1. Arteriosclerotic with compensatory defense for homosexual fears . . . . .	475



# PSYCHOPATHOLOGY

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## INTRODUCTION

Psychopathology treats of abnormal behavior, that is, abnormal thoughts and actions and their causes as they are found in individuals. No other study must deal so intimately with the most tabooed and secret tendencies of human behavior. The psychopathologist believes that the most gruesome maladjustments of humanity can be understood and in many instances can be happily corrected, and this conviction justifies his study of phases of human behavior that are regarded by some as the most sacred interests of humanity, which must never be violated by doubts or questions, and by others are believed to be the perverted causes of most of humanity's suffering, which must be uprooted or suppressed at any price.

A treatise on syphilis must deal frankly with syphilis, and on gynecology, with the diseases of the organs of the pelvis, even though the subjects are tabooed by refined society. The student of human behavior should train himself, because he has been educated to take quite the opposite view, to appreciate the tremendous behavioristic significance of the fact that Man has ascended from some branch of the ape family. In a biological sense, Man is a species of ape that has gradually developed an intricate social system of laws and beliefs (methods) which direct the gratification of the individual's affective cravings. By developing systems of laws that are designed to prevent heedless excitation and gratification, and systems of punishment that make him *fear* uncontrollable or tabooed cravings within himself, forcing him to *compensate* with strivings to control them, he has succeeded, upon the one hand, in directing the forces within himself so as to build up a civilization, but, on the other hand, he has gradually become so constituted that, when these same forces become uncontrollable and tend to run their own biological course, they distort and even destroy his personality. The uncontrollable, tabooed crav-

ings, and the struggle with them, constitute the functional neurosis or psychosis. For these vital reasons the psychopathologist or psychiatrist, if he is true to his duty and his cause, must learn to think honestly and without prejudice, prudery, or mock finery about any abnormal cravings in man, *no matter where localized in their physiological activities or what they tend to do*. No work can be more difficult, because we must often study abnormal affective cravings that are naturally extremely offensive to even think about. The reaction of disgust or aversion is of the utmost protective value to man as well as to many other forms of animal life, but the psychopathologist must learn to prevent such reactions from becoming obvious to the patient or from diverting his study and treatment, or misleading his prognosis and judgment, because it is the possibility of being considered disgusting that terrifies most psychopaths and compels them to conceal the nature of their inferiorities. The almost universal tendency to accept the camouflaging complaint as the true difficulty rather than uncover cravings that may be incomparably more offensive and distressing is the principal factor that has retarded the insight of psychopathology and, in turn, psychology and philosophy.

The reader who can not study the abnormal tendencies of Man without prejudice is advised not to study the case histories in this book. The student who is determined to understand the nature of Man, in order to contribute intelligently to the improvement of Man and his social systems, will surely find much valuable material for his work and no little information that may influence him to see Man as quite a different problem than his parents and teachers had interpreted and taught him to believe. The average American has been taught, through the influence of his associates, to react to most things that pertain to sex in either a prudish or vulgar manner. My experience with classes in psychopathology shows that it is difficult for some individuals to avoid becoming prudish or vulgar when the abnormal sexual tendencies of a patient have to be studied with the same scientific sincerity with which any other biological deviations are studied.

The psychopathologist must free himself from the earlier impressions of both influences and train himself to accept the degrading and refining tendencies of Man for what they are worth to the individual, on the one hand, and to society on the other,

for maintaining the functional status of *virility, goodness, and happiness*. This state is most conducive to fulfilling the biological career of the individual and the species. Vulgarity is as intolerable to the prude as prudery is to the vulgar and both of these tendencies are to be avoided, because one is conducive to a biological degeneration of Man and the other, to his castration; both eventually leading to the development of abnormal behavior and misery. The truly normal attitude is to recognize that anything which tends to insidiously pervert or discourage the cultivation and enjoyment of *love*, has, biologically, an abnormal influence. But, to emphasize publicly the importance of cultivating the capacity to love to the average American, who, although he secretly knows it to be the truth, has always been influenced to make a joke of it, is like telling him to glorify interests that all his life he has treated as abject "mushiness."

The biological destructiveness of the persistent tendency to vulgarity or to prudishness becomes evident time and again in the study of abnormal people and is typically illustrated in the desperate struggle of Case CD-8 to refine himself, and in the frantic efforts of Case MD-1 to save herself from a prudish conception of disgrace.

No one can study this collection of cases of abnormal behavior and sexual (biological) maladjustment without realizing more than ever that civilization is indeed a delicate structure that must be protected and fostered with eternal vigilance and sound wisdom, in order that its growth shall be full, progressive and healthy. Never has it been so evident that social taboos and communistic sublimations must be thoroughly protected from the influence of ignorance, fanaticism, superstition, vulgarity, laziness, envy, lust, prudishness, autoeroticism, homosexuality and perverse heterosexuality. It is clear that we must not accept from religious fanatics or purveyors of sex that the body is a filthy desecration of the soul. Man is a biological creation and only exists as a healthy, happy, constructive force so long as he lives in harmony with the self-refining tendencies of Nature and avoids both the castration tendencies of the prude and the degenerating exploitations of the vulgar. It is comparatively simple and very easy to be an extremist in anything, but it requires eternal care, sound common sense, and no little patience and endurance to main-

tain a progressively refining, healthfully constructive attitude toward the fundamental needs and pleasures of human nature.

The prejudiced attacks upon Freud's conception of the nature of the influence of *love* and *sex* upon the normal and abnormal mind, by physicians who have earned, through years of work and study, the reputation of sincere mindedness, shows how extremely difficult it is for many people to study the problems of love and *sex* without losing control of themselves. This is largely due to the way they have been trained to adjust to these vitally important functions.

The analytical study of a large variety of abnormal people, of both sexes, from many nationalities and of nearly every age, educational and mental level, has demonstrated that all peoples tend to suffer from similar affective difficulties and that similar adjustments to similar cravings produce similar psychoses, no matter what country or race they come from. That is to say, *the suppression, repression and dissociation of segmental cravings result from fear of the cravings, and, when the segmental cravings are similar and the defensive compensatory strivings are similar, the psychoses, as the symptoms, are similar.* Hence, if given a good account of the psychosis and the compensatory strivings, we are able to diagnose and often correct the repressed cravings of the individual, although the patient himself has not been conscious of their existence or influence.

It is almost needless to say that this is a dynamic *biological* conception of mental disease and is decidedly different from the Kraepelinian method of classifying cases into symptomatological groups, and, in turn, assuming these groups to be distinct types of diseases of obscure etiology but fairly definite prognosis. The Kraepelinian and Freudian concepts have been enthusiastically supported and bitterly assailed, which is the common greeting of all movements that tend to overturn old gods and older dogmas. The discoverers of the mechanics of the circulatory system, the process of vaccination, the bacterial cause of disease, the first users of anesthetics, obstetrical forceps, percussion, ligatures, rubber gloves, hypnotism as well as psychoanalysis have had to endure bitter personal attacks; hence it is quite to be expected that many of the cases, records, and particularly the physiological formulation of the personality and processes which cause abnormal behavior and psychoses will be impartially criticised by some

and violently attacked by others who can not avoid phrasing their criticisms in a bitter personal light. From the first type of critical attitude much is to be expected that is constructive and worth while; from the latter type, nothing.

It seems necessary to remind the reader again that he must never allow himself to forget that Man is by no means a perfected species of the ape family, that he is undoubtedly in one of his most critical periods of development and refinement, indicated by the growing vision of an international social system to prevent war and subjugation, and promote free social development, and by the discovery that the most destructive forces in Nature which bear upon the individual are not external to himself but within himself and actually constitute his personality.

The Darwinian conception that Man has ascended from some species of the infrahuman primate is freeing humanity from countless confusing dogmas and fancies as to the origin and destiny of Man and has enabled the student of human behavior to begin to approach his problem as a biologist. Freud's discovery that the *wish* is the dynamic factor in the personality, as one feels it in himself, did as much for psychology and psychopathology, as Darwin's theory of evolution did for biology. The next logical development is to account for the physiological nature and origin of the wish. James and Lange, before Freud, taught that the emotions had their origin in the peripheral activities of the viscera, but James seems to have had no clear idea of the existence or dynamic influence of the *repressed* (forgotten) wish as later discovered by Freud. On the other hand, Freud has not given us a conception of the physiology of the *repressed wish* and how it continues to exist in the personality after the individual has succeeded in making himself "forget it;" that is, has prevented the wish or affective craving from causing him to be conscious of its influence and needs. Freud's conception that the repressed wish (energy or libido) becomes *converted* into physical distortions or symptoms, a concept now freely used by some writers on the "conversion mechanisms" in hysteria, is a biological riddle and utterly unintelligible. Most Freudians do not try to explain it. They simply accept and use the explanation dogmatically as if it settled most questions—a method of working that is similar to the method of the pre-Darwinian biologists, who explained the origin of a spe-

cies by assuming the conversion of some sort of divine energetic constituent into a type of organism. It is just this assumption of *libidinous conversions* that has made it impossible for many earnest neurologists and psychologists to follow Freud. Holt's timely warning that we had best not assume a "psychic energy" to constitute the *wish*, although we are safe in accepting that the wish is the dynamic force in the personality, directs our attention directly to the physiological origin and nature of the *wish*.

If the student will see the "will-to-be" or the "will-to-have" and the *wish to be* or *have* as different ways of regarding the affective cravings that are acceptable to and constitute the *ego*, and, further, recognize that all emotions and sentiments are cravings that have their origin in the tensions and movements of different autonomic (visceral) segments, then the dynamic forces in abnormal and normal personalities become relatively simple. This conception, which is amply supported by physiological data, is thoroughly workable and is a consistent biological conception of the dynamic forces that make up the personality: one that is comprehensive enough, if fully applied, to cover all the phenomena which are to be found in normal and abnormal behavior, and upon minute introspective self-analysis.

The various systems of the body, if grouped according to their functions, form two great divisions, the *autonomic apparatus* and its *projicient apparatus*. The sensory streams flowing from the periphery of different segments of the autonomic apparatus (defined in Chapter I) constitute the affective cravings or feelings, and the sensory streams flowing from the projicient apparatus, as it is compelled to work by the affective stream, constitute the kinesthetic stream. The kinesthetic stream and exteroceptive sensory streams become associated in a manner that makes the organism conscious of them as *thoughts* or conceptual images of past experiences and present external realities. These sensory images or mental pictures are as much of a reality as the mountains and the ocean, and the realization of this pertinent fact is of tremendous value in understanding the delusion, hallucination and dream, in fact, the whole psychotic misinterpretation of the environment.

This is decidedly a monistic biological conception of the personality and leaves no room for the notion that the mind is one thing and the body another, and that these artificially created

entities work upon each other in an intimate parallelistic manner: hand in hand in a metaphysical romance. There have been vigorous attempts to bridge the gap that is created when the old assumption, that "the body" and "the mind" are distinct from one another, is given a negative belief by trying to adopt an attitude that subordinates and evades the dilemma. The older physiologists worked with physical processes without considering what they made the individual conscious of, and the older psychologists studied what the individual was conscious of without caring what particular physiological changes occurred that determined the nature of the content of consciousness; hence, the confusion of views.

An ardent movement to avoid or bridge this chasm is being made in some psychiatric centers by using "psychobiological" terms and phrases on the *common-sense* assumption that, since Man is after all only a biological product, his thoughts are in some manner dependent upon physiological processes; hence, it would be more practical for psychopathology to subordinate the mental and physical dilemma. This casts a fog over the chasm and denies its presence, depending upon no one's asking for an explanation of what has become of it or how it is to be bridged. This has one value in that it encourages some students to work without bothering about the two points of view that create the chasm, but it is far from satisfactory, because the psychopath is incessantly troubled by a content of consciousness that distresses him, which can not be explained or relieved by assuming that somewhere in the brain some neurones are out of order (such assumptions explaining anything and nothing), or that there is a constitutional maladjustment.

Meyer's teaching that the psychiatrist, psychologist or physiologist must do more than think of the isolated phenomenon which he happens to be interested in, such as the hallucination, the content of consciousness or the physiological functions of a neurone or segment, if he wishes to understand the entire problem and see the phenomenon as it occurs in its relationship to the personality or organism as a whole, has been of the utmost importance in forcing many workers to take account of their attitudes. But we must go much further than merely pointing out that the personality must be considered to work as a *unity*. The very attitude forces

us to develop an explanation of *how* the personality, as *a unity*, works if we care to be understood.

The contributions of the psychoanalysts have greatly clarified this problem. Particularly the work of Freud and Jung, and others, on the activities of the repressed wish working against the egoistic resistance and the use of symbols to avoid the fear of failure or of being censured; and Adler on the compensatory strivings because of fear of being organically or functionally inferior to the competitor for the love-object; and Bleuler on the compensatory value of autistic thinking; have been of decisive value in developing a better understanding of the personality. But none of these contributions get us on a truly *physiological basis*, and no conception of the personality or any of its attributes is sound until it is so formulated and clarified as to be readily understandable in terms of the integrative functions of the nervous system.

It is almost needless to say that this could not possibly have been brought about until Sherrington gave the world his remarkable series of studies on the integrative action of the nervous system, on the postural tonus of muscle and nerve, and on the proprioceptive system especially in its reflex aspects. The interesting differentiations of the functions of cortical areas and the localization of neurone groups that have to do with the functions of some muscle group or sense organ have a definite neurological value but contribute little to the actual solution of the riddle of the personality. They encouraged the conviction that there is an intimate relationship between physiological activities and the content of consciousness, but not until we learned to understand the integrative functions of the organism were we actually able to explain in a physiological manner such phenomena as the adjustments of allied and antagonistic wishes and thoughts, functional conflicts, inhibition or suppression, repression, summation and dissociation of antagonistic cravings, the necessity of symbolical compromises in methods of thinking, the source of the pressure of the repressed craving or wish in the postural tensions of visceral segments and its manner of causing delusions and hallucinations.

No explanation of the personality can be expected to be satisfactory so long as it is not as clearly integrative in its mechanisms, and as definable in its elements as the integrative functions of the

nervous system, because the content of consciousness and behavior are results of the integrative functions of the whole organism and not the localized activities of different centers of the nervous system. It seems to be very difficult for many of our most important psychiatrists and psychologists to recognize this fact. I am deeply indebted to the late Prof. J. J. Putnam for his encouragement in this point of view, because it came at the time that a series of dogmatic objections, that I was dealing in "neurologizing tautologies," greeted my efforts to show how many of the features of a psychosis could be explained as phenomena of integrative conflicts without either assuming lesions of the nervous system or the presence of a destructive toxin. These unintelligible resistances, which made neither a pointed criticism nor gave a workable alternative, loomed up like foggy, mountainous obstacles that prevented the recognition of critically important principles.

The integrative conception was further clarified by two most important contributions to our knowledge of the dynamic forces of the personality, Cannon's work on the bodily effects of pain, fear, rage and hunger, and Pawlow's and Bechterew's on the conditioned reflex. Cannon clearly showed that the intragastric itching, felt as hunger, was produced by peripheral activities in that viscus, and that the hunger cravings compelled the projicient apparatus to seek and acquire food. This was of the greatest significance, although he still seemed inclined to believe that other emotions or cravings, as such, had a cerebral origin. Following the suggestion, I believe made by Freud, that all emotions, sentiments and hungers were really different types of cravings and the James-Lange theory of the peripheral origin of the emotions, the researches of Cannon on *fear* and *rage* were capable of interpretation in a manner that explains, like the craving for food, the physiological or rather autonomic sources of all the wishes, emotions and sentiments of the personality.

The *neutralization* theory of the dynamic or autonomic mechanism of the personality is as follows: *The different segments of the autonomic apparatus are stimulated to assume different types of postural tensions and activities, which give rise to an affective nervous stream, which, in turn, coordinates the projicient apparatus and compels it to act so as to expose the receptors of the organism so that they will acquire certain types of stimuli and avoid others. The stimuli which must be acquired in order to*

avoid prolonged unrest and distress, which may become decidedly malnutritional in their influence, must have the capacity to counter-stimulate the autonomic segment so that it will resume a state of comfortable tonus. We find that this occurs in hunger, fear, hate, love, shame, jealousy, sorrow, eroticism, etc. This law of compulsion by the segment to seek counter-stimulation and neutralization of its craving seems to me to be the physiology of the wish and the fundamental dynamic principle of all behavior; and not until this law and its physiology are understood and applied can normal or abnormal behavior be really understood.

The segmental craving when hyperactive or hypoactive needs certain types of stimuli to bring about a comfortable adjustment in its postural tonus. What determines what the stimuli shall be? Is it an inherent predilection or a matter of experience? It is both, no doubt. We have an inherent metabolic preference for oxygen and are compelled to acquire it as the pulmonic segment becomes distressed. But *how* and *where* we shall seek oxygen is a matter of experiences *conditioning* the segmental craving to acquire certain stimuli which are associated with the primary stimulus and eventually lead to it, and to avoid the stimuli that are associated with its loss. That the segmental cravings of different people should have different preferences and aversions is readily traceable to the conditioning influence of experiences with the environment and particularly the influence of other people.

The researches of Pawlow, Bechterew and Watson have given us the mechanisms by which segments of the autonomic apparatus and the simple projicient reflexes are *conditioned*. Hence, the abnormal or tabooed segmental cravings of the psychopath *must* be studied, particularly through the *psychoanalytic* method, so that he will become aware of their influence and the experiences that conditioned the segment to crave certain stimuli and avoid others that are socially important. For example, a large number of soldiers and sailors are received at St. Elizabeths Hospital each year who state that they are disgusted with life and care for nothing. They are depressed, sullen, morose, slovenly, destructive, and often have hallucinations pertaining to pleasant anal and gluteal stimulation—sodomistic in their general trend. They usually give a history of having been discouraged by bullying companions and unpleasant work. In studying this peculiar segmental domination

of the personality, I found that mothers often stimulate the gluteal and anal regions of their babies to comfort them when they are pouting and sullen. An incident may, perhaps, illustrate how this occurs. While in a street-car, a young mother held an infant on her knee as it played contentedly with a soldier's keys and chain. When he left the car, taking his keys and chain, the child began to fret and cry. The mother slipped her hand under the dress so as to cover the gluteal area and began to shake the child up and down with slow rhythmical movements. The child soon stopped fretting, having acquired a satisfactory substitute in the gluteal stimulation. Here is a distinct illustration of the countless experiences that this infant will have, which eventually, will probably determine what stimuli are needed as a solution of its sullen, depressed, morose states and also its most pleasing substitution for demonstrations of love and sympathy upon its trials and losses. (For further illustrations, see the excretory erotic fascinations of the sullen, hebephrenic type of dissociation of the personality, Chapter XIII.)

To return to the significance of *conditioned* segmental cravings. It is obvious that many secondary stimuli become associated with primary stimuli that are pleasing to some segment and particular states of tension of this segment, but also become associated with the primary painful or obnoxious stimuli of other segments or states of tension, such as the color red in fruits and in danger signals that may happen to be stationed between the hungry stomach and the fruits. Through an endless variety of experiences we see the principal autonomic segments eventually becoming quite firmly *conditioned* to seek socially approved stimuli in a manner that wins social esteem. Furthermore, and herein lies the crux of the neuroses and abnormal behavior, as people become ashamed or fearful of a segment's activities they try to disown it as a part of their personality, as when individuals feel fearful, angry, erotic, covetous, or embarrassed in a situation and refuse to admit it but maintain that they only feel "nervous" or "worried." In every matured personality there is something that thinks of itself as "I" and the divisions and functions of the body as "mine." This entity that constitutes the "I" or "me," or "myself" (the *ego*), does not exist at birth but can be observed to develop gradually from infancy to adolescence and reach its final integrations as a

highly organized unity in late maturity. It is constituted of the inherent segmental functions that have become *conditioned* to seek stimuli in a manner that not only obtains gratification but also wins social justification and esteem. Hence, this egoistic unity must keep the asocial segments under control.

This conception of the personality is purely biological and behavioristic, and, it will be shown, fully accounts for the *content of consciousness* and *memory, will and choice, purpose and reason*, or that vaguely, chronically used concept, the *mind* in contradistinction to the *body*, or psychological processes in contradistinction to physiological processes. The whole parallelistic issue is completely avoided if the student will but learn to see *that consciousness and the content of consciousness is the reaction of the body as a unity to the sensational activity of one or several of its parts*. And when toxins, injuries, fatigue, etc., prevent the segments from integrating into a unity, consciousness of the activities of a part disappears, as when passing under a general anesthetic or going to sleep.

The struggle of the egoistic unity to keep any perversely conditioned segmental craving from causing us to be conscious of its needs, because we rightly fear it, becomes a psychopathic struggle when it forces us into an eccentric biological adaptation or asocial position. All the abnormal variations of human behavior, as purely behavioristic phenomena, can be explained in this manner. It is the only explanation that fully covers all the issues raised in the study of psychoses and normal minds.

This very simple conception of the personality requires the recognition of the fact that there are fundamental differences between the ego's adaptations to an autonomic segment's craving: (1) when it accepts it as a part of the *ego*, as "mine," and supports or justifies its domination of the projicient apparatus and the *free seeking* of its stimuli; or (2) when the *ego* prevents it from seeking freely by *suppressing* the segment so that it can only dominate the projicient apparatus sufficiently to cause the organism to be conscious of its presence and needs; and (3) when it *represses* the segment so that it can not even cause consciousness of its needs; and (4) when the segment becomes *dissociated* and forces the organism to become conscious of sensory images that are wishfulling or gratifying, constituting the endogenous sensory elements of

hallucinations, delusions and dreams, compulsions, obsessions, phobias, mannerisms, persistent thoughts, etc.

*The egoistic unity can not attack the segmental cravings directly, but controls them through controlling the final-common-motor paths of the projicient apparatus.* (Some psychopaths actually attempt to destroy the segment or the functional distortions caused by the segmental cravings, as in castrations to prevent masturbation fancies or seeking radical surgical operations that may eliminate the source of the craving.)

The terms, *suppression, repression, dissociation, summation, readjustment, regression, progression* and *sublimation* applied to the affective cravings, seem to me to be as important for psychopathology as any terms in physiology can be for that science. Despite their great value one still meets with prominent psychiatrists who refuse to use them but persist in using whole phrases and sentences to describe the same phenomena. It is difficult to see common sense in such methods, and it would be well worth while if they explained away their resistances in order to get within "shouting distance of one another."

Watson's work on the *behavior* of animals and infants has been of value in teaching the psychiatrist to see his cases as problems of behavior, although his explanations of abnormal behavior are wholly inadequate. The psychiatric student *must be trained through the study of animal behavior* to be able to recognize the movements and postural tensions of *fear, anger, love, shame, sorrow, jealousy*, etc., because only in this manner can he learn to study his cases from a truly biological point of view. So far, practically nothing is taught the medical student about the principles underlying human and animal behavior.

The student of animal behavior has not gone so far as the psychopathologist and psychologist in his schematic reconstruction of the personality, apparently because he wishes to avoid the use of terms or concepts that savor of purpose, although he has a *purpose* in doing this; and has so far been unwilling to consider the phenomenon of *consciousness of self*, even though it is one of the critically important factors which determine enormous variations in the development of the personality; such as the psychopath's eccentric compensatory defensive strivings that are initiated by the *fear* of becoming conscious of or dominated

by abnormal segmental cravings; like the erotic perversions, bed-wetting, kleptomaniacal or parricidal compulsions, etc., which once dominated him in infancy and adolescence.

Sherrington and Langelan, on the postural tonus of striped and unstriped muscles, have given us an insight into physiological mechanisms that may be used to explain how a repressed segment continues its pressure, like a compressed spring, through its heightened postural tensions, causing the individual to be conscious of a kinesthetic stream, constituting thoughts which, although undesirable or distressing, are means of getting gratification. The psychiatrist must recognize that when a man spends an exhausting afternoon wandering about the market trying to purchase a particular kind of food a segmental craving for this particular food is compelling the complicated behavior; and so with the unintelligible, confused behavior of a dissociated personality, who spends weeks in religious incantations and prophetic exhortations and finally eats the plants on the ward, "root and all," and then tries to perform fellatio and be "crucified," we must recognize that the psychosis has been largely a struggle with uncontrollable oral homosexual cravings, which finally dominated the ego and obtained *free* control of the projicient apparatus after perhaps years of repression and certainly months of suppression of the cravings.

The behaviorist recognizes that the tensions of the sex apparatus dominate the behavior of birds and animals during the mating season and their tortuous courses through the environment are due to the sexual cravings striving to acquire appropriate stimuli. Similarly, the psychopath's struggle with the environmental resistances (social taboos) and the tortuous, tangled course of his behavior and fancies during his psychosis must be seen as a biological struggle to obtain gratification for the cravings.

No student of human behavior, no matter what his point of view, can, for one moment, afford to lose sight of the fact that all men and women are bisexual in their anatomical construction and in their affective cravings, and that all the segments contribute to the affections and wishes of the personality. The tragedy in the struggle to fulfill the biological career occurs when the male develops a preponderance of effeminate or indirectly aggressive traits and the female a preponderance of masculine or directly aggres-

sive traits. This distortion may not lead to misery if in the mating the abnormal tendencies of the pair reciprocate well enough. The case histories show that certain social influences and fears often force an individual to have a predominant craving for homosexual interests, and later a new environmental adjustment may lead to a return to heterosexual interests. This is shown plainly in the maladjustments which men and women often force each other into after marriage; and after divorce or death removes the oppressive influence, the repressed affections swing back to a biologically normal, more comfortable course. These profound changes in the autonomic tensions and cravings always have a tremendous influence upon the individual's content of consciousness and his social career (professional or vocational) even though he may have no appreciation of what is going on within himself.

The conditioning influence upon the child's autonomic-affective cravings by the parent's autonomic attitude accounts for the unconscious development of characteristic family functional traits in generation after generation; and, furthermore, there can no longer be any doubt that most infants who begin life with fairly normal equipments and end as social or biological abortions, that is, as criminals or insane, have become asocial through the pathological influence of their parents and those associates to whom they are obligated by society. The general understanding of how these conditioning influences work will, no doubt, lead to reforms in education and social laws which will be of the greatest importance.

When the physician and surgeon come to realize the tremendous influence of the repressed hypertense or hypotense autonomic segment and its local circulatory system as an influence in recoverability from infections, diseases and surgical shock, the localization of destructive germ colonies, and derangement of metabolism, a new epoch in the progress of medicine will begin. The psychopathologist, physiologist and clinician have enormous unexplored fields of research open before them in this direction. Means for training men to carry on this work should be established by the medical schools. There is not the slightest doubt that the termination of many infections of vital organs, such as pulmonary, genitourinary, cardiac, gastrointestinal and cerebrospinal, are influenced by the blood supply and tonus of the segments and the reciprocal changes in the blood supply of their nerve centers.

The affective mechanisms of local vasoconstriction and vasodilation and chronic spastic tensions of important unstriated muscles, particularly those groups that may occlude or open ducts and valves, are so far unknown; such as the larger bile ducts' sudden occlusion in an emotional crisis of a certain type as a possible etiological factor in some cases of acute yellow atrophy of the liver. Some forms of diabetes and hyperthyroidism are no doubt intimately related to compensatory strivings against *certain types* of *repressed* fear. The researches of Cannon on the physiological changes in the blood stream upon fear and rage, which, in turn, indicate marked changes in the activities of different organs, such as the liver, adrenals, and thyroids, certainly show that great disturbances of the metabolic processes must occur during the psychoses, if delicate enough means of biochemical analysis can be developed to find them, because the *extremes* of fear and terror, hatred, envy, eroticism, shame and sorrow are to be found in the psychoses. *The metabolic disturbances should not be interpreted as the primary causes of the psychoses but as contributing factors to a vicious circle of adjustment.*

This new understanding of the physiological functions and the personality is becoming the foundation of a new psychopathology and a new psychology, with sweeping changes in the interpretation of normal and abnormal behavior and their causes, and, eventually, a new classification of the so-called "mental diseases." The author hopes that this volume may help revolutionize present psychiatric notions, and contribute to the foundations of a truly biological psychiatry.

Since Freud made his illuminating contribution to the study of hysteria, despite the bitter criticism of hopelessly prejudiced men, a legion of earnest workers in the psychoanalytic method of studying the psychoses have followed him. Their contributions are to be found now in almost every modern language, ranging from shy to cautious references to the sexual difficulties of their cases to sound, dignified, erudite studies, to unrestrained helter-skelter speculations and fancies. This sort of thing always occurs with new methods. All sorts of men become interested in new discoveries, whether an arctic gold field, aviation, vaccine therapy, salvarsan, brain surgery or what not. Out of the great herd the conservative world must choose the careful, reliable student from

the inefficient, the ultra-cautious, and the plunging speculator. The soundness of a new scientific procedure is greatly increased when large numbers of sincere students apply similar methods to similar problems and yet maintain a constructively critical attitude toward each other's work. The psychiatrists who avoid the sexual problems of their cases and the psychoanalytic method of studying them are to be classed with the medical cults that avoid the study of anatomy and physiology. Their resistance to the problems of sex is as rational as the medieval persecution of dissection and the present-day hubbub by the ultra-esthetic about vivisection.

The analytical studies of a great variety of cases in the functional neuroses and psychoses, by many different workers in Europe and America show, on the one hand, that the symptomatological classification of cases is misleading and hopelessly confusing, and, on the other, that a mechanistic classification is highly necessary and practical. The analytical studies of Freud, Bleuler, Jung, Jones, Ferenzi, Pfister and Adler, in Europe, and Putnam, White, Jelliffe, MacCurdy, Frink, Prince, Sidis, Clarke, Brill, Coriat, Emerson, Campbell, Burrow, Tannehill, Dooley and many others in America so consistently reveal that the neuroses and psychoses are produced by the autonomic-affective cravings that the development of a new mechanistic system of classifying cases is necessary. Chapter V is devoted to this work. It is not expected that the system advanced is to be accepted as thoroughly satisfactory but rather it is a pragmatic attempt in which simple *critical* psychological, mechanistic differences are used to differentiate cases into types. It has the advantage of elasticity and adaptability, fundamental attributes of human nature, which the old German, static system utterly failed to recognize.

The contents of Chapter I are devoted to an abbreviated presentation of the physiological foundations and mechanisms of the personality which have been more fully presented in the author's monograph on "The Autonomic Functions and the Personality." Chapter II covers the conditioning influence of the family upon the autonomic cravings of the infant and child, and in Chapters III and IV, the struggle to fulfill the biological career, despite functional and organic inferiorities, is discussed in order to approach the mechanisms underlying the psychopathic deviations that constitute functional neuroses and psychoses.

Chapter VI deals with the *anxiety or suppression neuroses*, anxiety due to the *ego's* fear of the segmental cravings, and Chapter VII deals with the *repression neuroses or psychoneuroses* which are produced by the *ego's* attempts to make a permanent adaptation to the segmental craving. This leads directly to the psychoses (dissociation neuroses) of more or less benign and pernicious types, varying from rather brief, acute or periodic, mild to violent dissociations of the personality, to chronic mild fixed types, to chronic dissociations that utterly destroy the personality. This broad group is covered in Chapters VIII to XIII. A discussion of the factors that determine what the psychosis will be like and what its prognosis will be, is made in Chapter XIV, and Chapter XV covers prophylactic measures and the essential principles of psychotherapy.

The case records have been selected from a large variety for the purpose of illustrating the more important mechanisms, and to support certain facts, such as the explanation of the delusion that secret intriguers are putting "poison" in the food. If some of the cases seem too unpleasant to study the reader must not forget that this is psychopathology and not romance or an essay on how to sublimate and maintain the refined and beautiful.

I would like to emphasize again, as the cases are read, to always keep in mind the factor of *wish-fulfillment in the delusions and hallucinations, the physiological nature of the wish, the experiences that conditioned it, the stimuli that excite it, and the patient's manner of compensating to his fear of it.* The behavior of the cases is presented so as to be as free from speculations and impressions as possible.

Much of the information about the patient's difficulties was gathered through observation and asking questions. In some cases this material was enormously enriched through the psychoanalytic method of inducing the patient to permit a free association of thought; that is, to allow himself to be made conscious of what his repressed cravings tend to seek, no matter where they would go or how. This method is often attended by no little embarrassment and at times by nothing less than temporary terror and suffering, but there seems to be no alternative; and surgery uses the principle that, although operations may be more painful than tumors or fractures, in the end they generally prove worth while. Some-

times the *ego's* horror and despair at the repressed cravings ends in suicide, but this is a rare adaptation and must be compared to many fatal results of surgical and clinical therapy.

A series of illustrations from modern and prehistoric painting and sculpture is used to emphasize the fact that symbolism is as much used today by Man, in order to relieve his repressions, as by his primitive fathers. When one recalls the ridiculous tirades some inspired psychiatrists levelled at the psychoanalysts' recognition that the appearance of a knife, wand or beast in a dream or hallucination probably had a phallic or erotic significance, it seems worth while to publish illustrations of such things having an actual phallic value. These same thinkers, who would refer to the asocial sexual cravings as "bestial," seem to be too prejudiced to recognize that the bestialness might be expressed by the image of a beast, and, conversely, the sacredness of socially approved love by beautiful images of many varieties. Without recognizing the stimulating value of symbols to the autonomic affective cravings and understanding in a large degree the universal language of normal or abnormal behavior of Man and the biological value of his creations.

## CHAPTER I

### THE PHYSIOLOGICAL FOUNDATIONS OF THE PERSONALITY\*

A critical review of the more prominent, current conceptions of psychopathological processes and the nature of the personality would require such extensive discussion to adequately treat the works of the authors, and is itself so important for psychopathology, that an entire monograph should be devoted to this work.

It is justifiable, therefore, for the author to present his case material as he understands it, without confusing it with the injection of surmises of another psychopathologist's impressions of such processes. The controversial method *never* does sufficient justice to the other student of human behavior, beyond making an acknowledgment of his work; hence, it is suggested that those who are seriously interested in psychiatry will themselves review the literature (a list is appended) and take what they can use.

All the cases herein presented are carefully arranged on the basis that the affective cravings or wishes resisting one another in their struggle with the environment (emphasizing other people) determine the nature of our behavior. Hence, the history of the development of the peculiar conditioning of the individual's affective cravings and the nature of the environmental resistance are elaborately presented in many cases, because, when completely worked out, this is enough to logically explain the psychosis without bringing any other complicating assumptions, such as metabolic, constitutional or hereditary inferiorities, into the case.

The results of the intensive study of a large variety of psychotics of many nationalities have forced the abandonment of the Kraepelinian symptomatological classification of psychoses, because of its futility, for the much more interesting, practical and resourceful conception of uncontrollable autonomic affective cravings originating in autonomic segments opposed by the *ego*.

The *wish*, as we are prone to recognize it in everyday life, and

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\*This discussion of the physical foundations of the personality is largely taken from the author's monograph on "The Autonomic Functions and the Personality." Exact references for the data are given there.

no one should be misled into assuming for its source a "psychic energy" (Holt), may be completely accounted for if it is recognized to be none other than a localized autonomic-affective craving and its compelling influence on the striped muscle apparatus of the personality. This fact can be demonstrated by using the researches of James, Sherrington, Cannon, Mosso, Wertheimer and a collection of psychoses and psychoneuroses. The term "affective craving," has a distinct advantage in that it can be clearly correlated with its physiological source in the streams of craving feelings or itching sensations that are aroused by increased tensions of different segments of the *autonomic apparatus*.

The autonomic apparatus is constituted of all the vital organs, including the ductless secretory glands, unstriped muscles and the ganglionic nervous systems that have to do with the *assimilation, conservation, distribution* and *expenditure* of energy-giving metabolic products and the *elimination* of the waste products. This includes the entire digestive, circulatory, respiratory and urinary systems, sex organs, glands of internal secretion, glands of external secretion and the autonomic nervous system. This nervous system includes all the ganglia outside the central nervous system that innervate the above visceral systems and those autonomic centers that are imbedded within the cord and brain-stem and directly or indirectly innervate the viscera; as, for example, the vagus centers. Also the autonomic neurones of the cord and cerebellum that maintain the postural tonus of the striped muscle cells (Langelaan, De Boer, Sherrington). The striped muscle apparatus and the cerebrospinal nervous system proper constitute the *projicient apparatus* which has been developed by the autonomic apparatus in order to master the environment.\*

### The Mechanism of Postural Tensions and the Peripheral Origin of Cravings in the Autonomic Apparatus

Sherrington has shown that all the striped muscles that must maintain a certain degree of postural tension in order to overcome the influence of gravity, that is, practically all of the skeletal musculature except perhaps the abdominal, are in a state of constant

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\*The term "segmental craving" will be frequently used and by it is meant the craving that originates in some autonomic segment, i.e., some viscus or organ such as the stomach, bladder, throat, heart or genitalia. As *physiological segments* they include their nerve and circulation divisions. As excised *anatomical segments* or dead organs we do not usually consider the circulatory and innervating systems but in psychopathology we must deal with organs as they function in life.

postural contraction or tension. This may vary in intensity for different muscles and organs at different times, and the degree of variation seems to be rather characteristically different for each individual. Its mechanism depends upon the presence of the proprioceptor, embedded within the muscle walls, tendon sheaths and about the joints, and its afferent nerve. The proprioceptors are stimulated by the pressure of the muscles as they contract and pull against the skeletal frame: or in the hollow viscera, by the contraction in the form of a postural grip on the contents; as, the heart, blood-vessels, stomach, bladder and rectum. Since the motor cell in the cord stimulates the muscle-cell and the latter in turn stimulates the proprioceptor and its afferent impulse again stimulates the motor neurone, it is necessary to recognize that practically all motor functions are part of an efferent-afferent-efferent continuous circuit. We have external stimuli and afferent impulses with efferent responses, but also afferent-efferent-afferent internal circuits in both the skeletal and visceral functions to consider. Since the rate of the impulses maintaining postural tension varies from 40 to 90 per second (Sherrington) the converging streams must be recognized as continuous and composed of almost innumerable minor circuits and combinations of circuits.

The postural tensions of the hollow viscera, although they vary in degree, are also continuously active, and this gives rise to a continuous, complex, converging affective stream from all parts of the autonomic musculature, to which *the organism as a unity is constantly, reciprocally adjusting itself*. Most of the time this afferent affective stream from a visceral or autonomic segment is subliminally active and does not cause the organism to adjust overtly as *a unity*, that is, to become conscious of the segment's activities. When, however, the tension of some viscus is increased, the sensory stream is felt in the form of a *craving*; that is, a more or less intermittent, persistent *itching* (which in the stomach causes a craving or wish for food, or in the bladder causes a craving or wish to urinate). This mechanism is characteristic of pleasing as well as disagreeable (anxious) tensions. Sherrington says that postural tensions are relatively *indefatigable* and names the sexual clasp of the frog and the catatonic attitude of patients as examples. It is, therefore, satisfactory, as an explanation of the origin of persistent cravings or wishes to recognize

that they are caused by the *persistent hypertension* and contractual activities of some autonomic segment or viscus.

How wishes come and go may be seen in the functions of the bladder. When the intracystic pressure is over 18 centimeters of water the craving to urinate is aroused (Mosso and Pellacini), but in due time the desire disappears as the bladder adjusts its tension by enlarging itself so as to accommodate to the increasing quantity of urine, thereby lowering the intracystic pressure. The desire again returns when the pressure is again increased by the accumulating urine to 18 centimeters. If, however, for some stimulating reason, the postural tension of the bladder is greatly increased, so that a small quantity of urine raises the pressure to 18 centimeters, and the bladder is unable to relax its grip, the individual becomes obsessed with the necessity for frequent micturition which may constitute a very abnormal condition (a not uncommon feature in the psychoneuroses).

This explanation also may be applied to the mechanism of cardiac anxiety, respiratory or asthmatic anxiety, gastric anxiety, rectal, intestinal, and sexual anxiety, on the basis of distressing sensations due to a persistent hypertension that prevents a return to normal comfortable functioning—hence, the obsession or compulsion to act so as to get relief. But the relief may be unobtainable, because it depends upon changing the attitude of an unmodifiable environmental resistance, as a hopelessly indifferent, or tabooed, or dead love-object, or the fear of failure when compelled to act, as in addressing an audience.

Cannon and Carlson have shown that a definite type of gastric contraction precedes and is concomitant with a “gnawing” or, better, *itching* sensation in the stomach commonly spoken of as hunger. This autonomic-affective craving compels the organism to acquire such stimuli as have the especial capacity to relieve the craving, and, as a *counter-irritant*, cause the gastric muscle to resume comfortable tensions and movements, *neutralizing the craving*.

These physiologists have also shown that when a potentially painful distant stimulus or an actually painful contact stimulus is permitted to play upon a distance or contact receptor, the stomach particularly, (other viscera also), promptly assumes spastic or fixed postural attitudes which are decidedly conducive to malnutri-

tion; shown by the constriction of the gastric blood-vessels, decrease in hydrochloric acid secretion, increase in secretion of mucus, and decrease in size and ability to empty the contents into the duodenum. This status produces the disagreeable sensations or feelings of *fear* or *anxiety*. As the autonomic compensation follows through shifting of the blood supply to the muscles and organs that must remove the receptor from the dangerous stimulus we feel the affect fear. As we attack or destroy the dangerous qualities of the stimulus, we feel the affect of *anger*. That is to say, a compensatory series of autonomic tensions follows the fear tensions and the affect flowing from them constitutes the anger and the compulsion to attack. Similarly a reversed gastric, esophageal and pharyngeal peristalsis gives off the feelings of disgust and the compulsion to get away from or get rid of the disgusting stimulus.

The autonomic-affective craving for food, which is a typical *acquisitive-assimilative* craving and the autonomic-affective craving to urinate, which is a typical *emissive-avertive* craving, indicate that probably all the *acquisitive* or *avertive* emotions or affective cravings and the most delicate sentiments, such as hunger, love, fear, anger, grief, sympathy, pity, joy, can probably be best understood as having a peripheral origin in characteristic variations of postural tension of autonomic or visceral segments. In its essential respects this is the James-Lange theory of the emotions.

This explanation is all that is necessary to account for the origin of the dynamic forces of the personality. Nothing else, such as "soul," or "will," or "psychic energy," is needed. All such notions, being superfluous, are only confusing and have no biological value.

All the autonomic-affective cravings, whether they compel an acquisitive or an avertive course of behavior or attitude toward the environment, follow the same two laws:

1. *When an autonomic-affective craving is aroused, either to compensate for the deficiencies due to metabolism (as in hunger) or through the influence of an exogenous stimulus (as in fear), it compels the proficient (striped muscle) apparatus to shift the exteroceptors about in the environment so that they will acquire such stimuli as are necessary to counterstimulate and neutralize*

*the autonomic derangement so that the segment will assume comfortable tensions.*

2. The projicient apparatus that shifts the receptors about so as to expose them to appropriate stimuli is organized and coordinated so as to bring a *maximum of affective gratification with a minimum expenditure of energy.*

When *fear* is aroused the distressing autonomic tensions force the organism into flight until comfort giving stimuli are acquired. For example, a frightened man or animal seeks the comforting stimuli of his house or den, the bird reduces the dangerous stimulus to subliminal influence by flight to or hiding in secure places. When an adequate compensation of *anger* occurs, the stimulus is attacked and its threatening qualities are destroyed or rearranged into submissive forms. This occurs in the fight to kill or subdue, and in polite society it is refined to demands for an apology, or compensation, or submission.

If one will introspectively study the mechanism of his affective cravings, he will recognize the following compulsions.

*Fear always removes the receptor from the painful contact stimulus or the potentially dangerous distant stimulus.*

*Anger* is the aggressive compensatory reaction that follows, more or less promptly and intensely, the fear reaction, and, as a compensatory reaction, *compels the removal of the stimulus from the receptor.* That is, it compels an *attack* upon the painful stimulus, whereas fear compels an *evasion* of the stimulus.

*Shame* is a type of fear reaction following the *misapplication of receptor and stimulus*; as in error, masturbation or stealing.

*Disgust* is a type of fear reaction associated with anger in which the organism tends to *emit or avoid the obnoxious stimulus*, as the nauseating, emissive peristalsis of the stomach, esophagus and pharynx when fetid odors are associated with food; as upon finding a dead mouse in a tub of butter.

*Grief* is a fear reaction due to the loss of an energizing or comforting stimulus and is the result of the respiratory, circulatory and digestive system assuming certain tensions which are distressing and disposed to malnutrition.

*Love*, like the craving for food, has its origin in the metabolic and reproductive functions forcing the seeking for, and acquiring of, certain types of stimuli. There is unquestionably a character-

istic tonus of the circulatory, respiratory, digestive, and reproductive organs of the body when *love predominates*. There is a certain tenderness and gentleness of reaction to the environment, decidedly different from the tonus when enraged, fearful or famished. The love status, although as yet we can give it no definite physiological description, has a well-defined influence upon behavior and what it tries to accomplish. It strives to bring about similar autonomic-affective states in others, particularly the love-object, in order that it will obtain the stimuli associated with caressing, reproduction, and protection, such as petting, praise, admiration, sympathy, interest, esteem, faith, encouragement, reward, justice, etc. The general trend of the love cravings is to create, construct, protect, and cherish that which keeps away distracting fear, shame, sorrow, rage, suffering and extermination; these states of existence being conducive to malnutrition and jeopardizing reproduction and the race. Although the love behavior may be varied and disguised, its natural goal, if not interfered with, would be the sexual act and reproduction. In civilized man this trend has been directed by laws and taboos to seek a sexual object having at least certain qualities, such as racial and intellectual development, freedom from certain diseases, not too close blood relationship or too great disparity in ages, etc. The result is that society makes the individual seek farther and work harder, thereby enriching society as he tries to win esteem and fitness for the love-object. His love attachments for parents, relatives, children, friends are directed so as to be refined from sex.

In contradistinction to fear, shame, sorrow or hate, *love* cherishes the stimulus and its accessibility for the receptor. It is on guard to prevent the loss of the stimulus so as not to develop the reactions of fear or rage. Fear or rage are aroused by resistances to acquiring the love-object. The ancient Greeks taught that when Love (Eros) flies away, the Mind (Psyche) dies. We find this to be true in the psychopath and the uninspired. In the latter, the love functions are depressed; in the former, they have been crowded out of normal methods of seeking for the love-object.

When an autonomic-affective craving compels the projicient apparatus (cerebrospinal) to make movements in order that a certain receptor shall be so exposed as to acquire the stimulus that

is necessary to relieve the autonomic tension, the movements tend to be coordinated so that the *maximum of gratification is acquired through a minimum expenditure of energy*. Thereby, the excess of energy is conserved to increase the extension of influence over the environment. Man's civilization is simply the building of a more comfortable, controllable environment within the greater environment. He conserves his powers to extend his influence in order that his wishes may be more and more surely and satisfactorily fulfilled. Civilization is to be recognized as a protective compensation against the anxiety and autonomic unrest caused by the unfulfilled wish and uncontrollable environment.

An individual is constantly in a *complex* affective state whether he is asleep or awake, in an emotional turmoil or a state of reverie. He is never possessed by purely one affective craving or emotion although he is often dominated by a distinct craving, such as *hunger* or *anger*. Under such conditions one can recognize other wishes and interests also at work in the background of consciousness, all characteristically striving to overcome one another and dominate the final common motor path in order to acquire gratification.

During sleep states, except during dreams, the autonomic tensions seem to subside sufficiently so as not to cause the organism, as a whole, to readjust to their activities. When the activity of any viscus increases, it affects the nature of the dream, as in the case of thirst upon eating salty food before sleeping or the dream of urinating. As its activity compels the organism to respond more completely as a *unity*, the individual awakens.

*To sum up the significance of the peripheral origin of the wish or affective craving: Hunger, fear, disgust, anger, shame, love have their origin in the feelings aroused by the hypertensions or hypotensions and movements of different visceral segments and it is quite probable that all the viscera, including the blood-vessels, give rise to an afferent or affective stream, and the nature of the wishes we are aware of at any time is determined by the organs that happen to be hyperactive at the time and in conflict with the resisting environment, as stomach-hunger for food, bladder-wish to urinate, etc. The complexity of the intricate autonomic apparatus, arousing simultaneously more or less vigorous manifold cravings, fully accounts for the complicated nature of*

*the affections of the personality. When one bears in mind the fact that all the cravings have but one means of obtaining gratification; that is, through using the skeletal neuromuscular apparatus, the basis of autonomic-affective conflict for control or domination of the final common motor path becomes obvious. It is also obvious that the affections which have control of the projicient apparatus, indirectly but irresistibly, control the antagonistic, repressed affections.*

Sherrington has shown that wherever two neurones converge upon a third, which is *efferent* to them, they may *oppose* (antagonistic) or *reenforce* (allied) one another in their efforts to control the nature of the impulses along the efferent nerve. This principle applies to the autonomic apparatus as well (Cannon, Sherrington) and is very easily observed in oneself when one has two wishes to do different things at the same time with the same thing, as one hand or foot, or with one automobile, one dollar, etc.

It is in the mechanism of the struggle between different autonomic segments to control the final common motor path for adjustment that the psychopathic and the well constituted personality are organized. A severe anxiety would arise if compulsive tensions in the stomach and bladder and rectum were aroused at the same time by the presence of food. When certain foods (such as butter, oils, cream, gelatines) tend to cause undesirable erotic reactions in the oral erotic psychopath he becomes fearful and often starves himself as a defense.

The cravings or aversions of some particular autonomic segment or viscus may jeopardize the safety or comfort of the entire organism; as, for example, the tendency of the stomach to react with a reversed peristalsis (nausea) or a type of spastic tension (fear) when a certain drug or food, which is vitally needed, is presented; or the persistent hunger cravings may force the entire organism to jeopardize itself by stealing food. In animals and people we may see the more severe hunger cravings (intra-gastric itchings) compelling behavior that often leads to destruction or revolution.

The mechanism by which most of the segments of the autonomic apparatus become *associated as a unity* against the demands of a particular viscus or segment and its cravings seems to be largely a matter of the segments becoming so *conditioned* as to

react to the same environmental conditions in a similar manner (acquisitive or avertive) requiring the same sort of overt adjustments, while the particular viscus reacts in an antagonistic manner requiring socially tabooed stimuli. The incessant *compensatory* integrations to prevent the autonomic apparatus from getting into the *fear* state (because of the possibility of failure to gratify the cravings or wishes) greatly contributes to the development of the *egoistic unity* of the autonomic segments. Man, as a descendant of the ape-man and the ape, has inherited the polymorphous sexual cravings of the ape, and the greatest problem of modern man is to establish social ideals, conventions, religions and laws which will direct these primitive affections so that they will have a constructive value for society and yet will not be destroyed by being prudishly refined. Should they be castrated by too fanatical asceticism disguised with "righteous wrath" the more highly developed families of the race will be destroyed with their parental-sexual cravings, and the race will automatically fall back becoming constituted of lower types who do not have sufficient integrative capacity to develop an *ego* that can control the primitive cravings.

Before considering the mechanism of the development of the *ego* and man's personality, the relation of the autonomic apparatus to the skeletal or projicient apparatus, the mechanism of *conditioning* the affective cravings, and their influence upon each other, as antagonistic or allied cravings, must be considered.

### **The Value of the Projicient Apparatus to the Autonomic Apparatus**

The autonomic apparatus is constituted of the organs that determine an animal's or man's growth, and, in the lower organisms and the embryo, the autonomic apparatus is quite well developed long before the cerebrospinal sensory-motor apparatus (including muscles and skeleton) begins to develop. Any part of the skeletal apparatus can be sacrificed without serious danger to life, whereas no division of the autonomic apparatus, such as circulatory or digestive system or adrenal glands, can be sacrificed without disintegration of the organism. But an autonomic apparatus can only continue to work comfortably and healthfully as long as it can acquire appropriate stimuli from the environment. As the power of the primitive autonomic apparatus to conserve energy

increased it developed an apparatus that could be used to shift the entire organism about in the environment. In other words, the autonomic apparatus developed and immersed itself in a *projicient apparatus* (the skeletal striped muscle-system) for the purpose of projecting itself about in the environment in order to be able to obtain gratification of its needs. (Because of this mechanism it is valuable for understanding the personality to speak of an *autonomic apparatus* and its *projicient apparatus*.)

The relationship between their nervous systems is very intimate although probably not fully understood. It seems Langelaaan, De Boer, and others are inclined to regard the striped muscle-cell to be really a dual cell; that is, a "sarcoplasmatic mass" containing a striped apparatus. The sarcoplasmatic mass is innervated by the "autonomic component" (Langelaaan) and the striped apparatus by the cerebro-spinal system.

The intimacy of dependence of postural tensions of the striped muscles upon the autonomic apparatus may be seen in many ways such as certain disastrous accidents due to change of postural tension and in efficiency word-association tests. For example, a man was holding a knife in a fixed postural grip, pressing the point against a hard surface while brooding over some personal trouble (an autonomic disturbance which was trying to adjust itself) and the remark of a companion, which revealed that he might have guessed the secret of the man's troubles, startled him. Instantly, the hand's grip relaxed, and the open knife slipped through, causing a disastrous cut in the hand. The dropping of a razor or good cigar through a sudden, reflex relaxation of the light postural grip is in turn due to a sudden change in the autonomic-affective tensions. The ego's wish to hold the cigar is interfered with by being forced to repress an embarrassing affective reaction that was suddenly aroused by a suggestion. One may easily collect numerous accidents of this sort in his behavior in a few days' observation. If he will analyze the mistakes and accidents that he creates he will find that they are caused by sudden changes in his postural tensions, in turn due to reflex changes in his affective or autonomic tensions caused by repressing their activities.

One may also observe in himself, and in his relatives and friends, that the general carriage and postural tonus of the muscles of the body, particularly of the hands, arms, shoulders, neck

and head, and the style of the walk, hand-shake, voice sounds, etc., reveal the characteristic affective tensions and wishes more than what is said and done. The postural tensions of the individual reveal the character of the "sneaking," "spineless" coward, the bombast's strut, the confidence in movement of the victor, the submissive posture of the vanquished. The postures of timidity, anger, hatred, love, disgust, shame, deceitfulness, jealousy, joy, guiltiness and sorrow are recognizable on sight, and cannot be concealed from the trained observer. If the student will try to conceal his affections from himself (that is, try to make himself feel *glad* when he is *sad*, *love* when he *hates*, feel indifferent when he fears, act boldly when timid, etc.), he will become distinctly aware that vigorous postural tensions in various segments of the body are the source of the resisting affect and he can not get himself to be unconscious of them without prolonged repressive muscular effort and even then he does not eliminate their influence.

### The Nature of Consciousness

This brings us to the *nature of consciousness* and the *content of consciousness*. Because one is never conscious without being conscious of something, and consciousness can not be separated from its content, they are here considered as one phenomenon.\*

Neuropathology and neurophysiology have not been able to demonstrate that any cerebral center or group of centers or nerve cells anywhere within or without the brain, has anything like the functional capacity that may be regarded as a "center of consciousness." On the other hand, apparently every living cell in the body has the capacity to react to certain stimuli with such qualities in the reaction that it may be regarded as a manifestation of "awareness" or "consciousness" of the stimulus. Hence, it is necessary to recognize that the nervous system has only the capacity of *integrating* and *reenforcing* the activities of the peripheral organs.

When we are conscious or aware of anything or any event in the environment we are not accurately conscious of all its attributes but of only a few of them, and we use these attributes *to represent the whole*; as, for example, when discussing England, or a

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\*For a more detailed discussion of the mechanism of consciousness see "The Autonomic Functions and the Personality." By E. J. Kempf, Nervous and Mental Disease Monograph Series, No. 28.

cannon, congress, the nation, a friend, a cigar, gold, an experience, a book, etc.

When we are conscious of ourselves, we are not conscious of all the attributes of ourselves, or of all of our experiences or cravings but we are conscious of only that small portion of ourselves that happens to be in the *ascendency of activity at the moment*, and these few attributes *represent the whole organism* or ego. For example, a part of our clothing (color and style) some of the afferent currents due to our positions, a tight hat-band, a flushed face, and the sensations of a vigorous hunger may constitute the principal part of the content of consciousness at a certain moment. Then we say "I am hungry" or "I feel," "I wish," as if it constituted all of the ego's interests. When a lesion occurs that prevents the organism from becoming integrated into a unity, consciousness of self can not occur and only segmental activities go on at a low level of integration, similar to the status at birth or during sleep. We see this behavior in the dumb reflex adjustments of the stuporous or the dissociated man or animal when asleep.

We can only become aware of the activities of our sense organs. The phenomenon of *consciousness of self or of the environment is the result of all the segments reacting together more or less vigorously, as a UNITY, to the sensational activity of any one or several of its parts*. The destruction of a contributing or an integrating mechanism like the conducting optic nerve, or the coordinating visual centers in the cerebral occipital cortical area prevents the organism from reacting as a unity to the activity of the visual receptors in the retina; hence, prevents the organism from becoming conscious of their reactions. But such lesions in the coordinating areas of the visual apparatus do not indicate the destruction of a "center of consciousness." One may imagine a lesion in the brain stem that will prevent the organism or any considerable part from reacting as a unity, thereby obliterating the organism's capacity to become conscious of itself. This occurs particularly in some tabetic lesions in which the organism must apply the visual receptors to the part in order to become aware of its position; as the man must watch his feet in order to know where they are, or else he will stumble because the organism can not adjust. When a drug (ether) or shock causes unconsciousness it does something that reduces the integrating capacity

of the nervous system and perhaps the irritability of the receptors.

When we desire to become aware of the sensation of saltiness we must apply a definite receptor to the stimulus and when that receptor is destroyed we lose the capacity to become aware of the quality of saltiness. This principle applies to other capacities for sensations, but in selecting an example one must not overlook the fact that we habitually apply many receptors to an object; hence, have many impressions of it, such as visual, auditory, tactile, kinesthetic, etc. Crile's method of "blocking" a nerve, through the injection of novocain along its trunk, prevents the nerve impulse from ascending from the receptor to the brain and spreading over the organism in a diffused wave. He has shown that, even when the individual is unconscious, under an anesthetic, the destruction of a peripheral nerve causes changes in many cerebral cells. It has been demonstrated by Wertheimer (cited by Cannon) that the stomach's tensions change when painful stimuli are applied to the sciatic nerve while the animal is unconscious. The stomach's reactions are very similar to the reactions that would give fearful sensations if the animal were conscious. Hence, it must be recognized that the notion of the cerebral or central origin of the emotions, as such, or of perceptions always preceding emotional reactions, is not acceptable. The only explanation that satisfactorily covers all the facts is that *we are conscious of representative parts of ourselves, or of our experiences, or the environment, just in the degree with which the body reacts as a UNITY to the especial or sensation producing activity of any one or several of its various receptor fields.*

The nature of the *content of consciousness* can be entirely explained by the activity of our receptors. The greater part of the active receptor field is the *proprioceptive* from which arise the kinesthetic sensations of proportion and movement. The content of consciousness may therefore be compared to a complicated moving picture of vivid and dim figures which are composed of black dots, and, as the black dots are shifted in their arrangements and intensity, the picture changes. Let us assume that each receptor in the body is represented by a dot, and the vigor of the receptor's activity is represented by the vividness of the dot, then, as the various receptor fields become associated together or dissociated in their converging afferent contributions, the content of consciousness becomes changed.

This is virtually saying that we think with our muscles, because the kinesthetic impulses (dots) arising from the proprioceptors are much more numerous than all the others. For example, if we allow ourselves to become aware of the visual image of a moving automobile, the awareness of its movement is furnished by the extrinsic muscles of the eyeball as they shift the image by shifting their postural tensions. Overt movements are not necessary unless we desire a very vivid image, then, also, the muscles of the neck may contribute by moving the head. If the image of the moving automobile is one of ourselves pushing it, then the muscles of the body are active to furnish the images (receptor dots), and, if it is to include pushing it through a cold, wet, muddy road, the sensations of coldness and wetness arise from the tactile receptors of the skin of our faces, hands, backs and legs. If the description of the experience includes the reproduction of an accident (say slipping), we feel the image of the movement of the slipping in our legs first, and then the remainder of the body adjusting and coordinating to the change of posture. (The reader must discriminate between this printed word image of the automobile incident, as he reads, and his own visual-motor image as he reproduces a similar fantasy. If the reader will allow the wish to reproduce a fantasy to proceed, he can feel the motor tensions slightly preceding the mental picture.)

The postural motor tensions of our striped muscles contribute the kinesthetic impulses or images of movements that reproduce the experience. *If we can not reproduce the movements of the experience we can not recall it.* The child, savage and illiterate can much more easily react an experience than describe it and can only vaguely recall the experience if not allowed to react it. Those who have not had the experience of hearing and seeing a savage playing a "botanco" are unable to become conscious of anything more than a vague, indefinite picture, because they can not grossly reproduce the movements and weird rhythms, but if some one should speak of a small boy playing "In the Good Old Summer Time" on his mouth harp, we quickly get a vivid visual and motor image of it and are therefore able "to think" about it clearly.

Children, in order to recall an image of an experience, tend to reproduce it with overt movements besides using postural tensions. One may often observe adults spontaneously assuming

overt movements, as in making motions to explain the proportions of an experience. While in the drowsy state preceding sleep we often jerk or find ourselves making reflex movements before we become conscious of the dream-image of doing something, as making a winning stroke with a tennis racket.

This integrative conception of the personality brings up the question as to what determines, besides the stimulus, the degree of activity of a receptor field and its association with other receptors. It can be shown that the determining force is the autonomic need or affective craving. That is, our wishes determine the content of consciousness through controlling the postural tensions and overt movements of our muscles as well as controlling what shall be accepted from our extero-receptors as stimuli. In this effort to control, the wish is constantly opposed by the environment, hence the environment must be modified to suit, either by changing it, or changing the organism's position in it; as in changing our social positions or business in order to change our obligations so that our affections will be more nearly satisfied.

When the hunger cravings in the stomach dominate the activities of the projicient apparatus, they make us become aware of suitable foods and methods and places of getting the food. *In producing this awareness, the autonomic apparatus is already on its way to get the food.* The overt actions that follow only complete the journey. This mechanism is also true for fear, shame, anger, grief, the desire to urinate, to copulate, etc.

When autonomic-affective tensions (anger) are not permitted to attack the stimulus, say, demand an apology for an insult, one is conscious of a persistent stream of thought as the affect forces us to be conscious of its needs, as well as persistent tensions in the neck, arms, scalp, eyes, face and epigastric region. The affective attitude, determining characteristic postural tensions of all our muscles, explains why we think in harmony with the way we feel, and, also, reciprocally, why often we are greatly relieved, when in an affective dilemma, by a decisive thought. This thought, or postural attitude happens to be a suitable resultant for relieving the affective conflict; as, when we finally assume a conclusive attitude in a dilemma. The cause of the old belief that the mind is in the upper front part of the head is probably due to the constant postural activity of the extrinsic muscles of the eyeballs,

which are the most active proprioceptor fields, perhaps, in the body. As the source of the most active sensory stream, naturally it is the most prolific contributor to the content of consciousness and causes the organism to adjust more as a unity to activities there than to the activities of any other receptor field.

This now brings us to the significance of *conditioning* or specialization of *our affective cravings*. It is not necessary to explain *why* the itching craving in the stomach (hunger) is best satisfied by certain kinds of food, but it is valuable to understand *how* such things come about, how it happens that the autonomic status of *love* or *hate* requires for each individual quite definitely characteristic stimuli that do not at all suit other individuals.

### Conditioning of the Autonomic-Affective Functions

The researches of Pawlow, Bechterew, Watson, Latchley, and others indicate that most reflexes, proclivous as well as autonomic, at birth have the capacity to react to certain stimuli which may be said to be the *primary* stimuli for those reflexes. All other stimuli are, insofar as the particular reflex is concerned, then *indifferent* to it. When, however, a combination of a primary and an indifferent stimulus is permitted to, intentionally or accidentally, stimulate the organism *simultaneously* for a number of times, the reflex becomes *conditioned* to react to the formerly indifferent stimulus. If this is repeated often enough, the conditioning becomes *fixed*, and the associated stimulus may, in turn, become the foundation for still further associations of stimuli, until important reflexes may become very intricately conditioned, or, conversely, compounded stimuli may cause very intricate reactions.

For example, a pain stimulus applied to the hand will arouse a reflex retraction. A color stimulus to the eye (say, red) or a sound stimulus to the ear (say, ringing bell), if associated *simultaneously* for a number of times with the pain stimulus, causes the reflex to become conditioned to react when the color stimulus or sound stimulus is applied to the eye or ear. This conditioning capacity also exists in the different autonomic segments; as the parotid, or sex glands, or stomach, becoming active when certain pictures, sounds, odors, colors, or subjects that are associated with previous experiences are brought to our attention. The human infant, or puppy or kitten becomes conditioned to react pleas-

antly to the voice, personal and physical attributes of the person who nurses, pets and comforts it. Gradually that person conditions the segmental reactions of the entire infant through feeding, bathing, cleansing, nursing, petting, whipping, scolding, humoring and praising it.\*

It requires no effort of the imagination to recall how our own anger, fear, shame, sorrow and love reactions have been conditioned by experiences to react, despite ourselves, to stimuli that do not affect other individuals. It is also easy to see how an individual may become conditioned to feel anger when he sees a certain person or situation and love when he sees another, and then, when they are brought together by some coincidence, the combination arouses bewildering activities in himself because it arouses both vigorous acquisitive and avertive reactions toward the situation.

It is upon this mechanism that mates often develop the unfortunate capacity to arouse avertive reactions in one another; through becoming associated with a disgust producing stimulus, such as illegitimate affection for some one who is disliked by the other person.

It is safe to assume that all organically normal individuals at birth have the inherent capacity to react to appropriate primary stimuli, with love, hate, fear, joy, or hunger, etc. But it is in the *conditioning* of the segmental autonomic-affective cravings to react to associated stimuli that the individual comes to develop characteristic traits. These functions constitute the very foundation of character formation and our vitally important preferences and aversions for different social conditions.

We understand how a child's fear, love, hate, disgust, shame, sorrow, pride, hunger, and other affections become unconsciously conditioned by experiences and the influence of associates, particularly parents and playmates, to react to people and situations in ways that are excusable while relatively easily compensated for in childhood. But, furthermore, how this same conditioning, when fixed, may cause the most serious anxiety and social criticism when the individual matures, such as the tendency to incest, masturbation, sexual perversions, cowardice, arrogance, narcissism, thievery, lying, etc.

If one will retrospectively consider his own behavior or study

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\*This entire mechanism is so important that it is elaborated in the chapter on "The Psychology of the Family."

the behavior of others he will find that his wishes or affections are conditioned to do certain things in order to be gratified and that this conditioning depends upon past experiences and adjustments, and the things that will arouse or gratify similar wishes in others may have an indifferent effect upon him. The affect compels us to avoid everything in proportion as it is not pleasing to the conditioned needs and also to seek the especial things that reduce the tension, hence in the treatment of psychoses we must be constantly on the search for the wish-fulfillment and the memories of the experiences that so definitely conditioned the craving.

It is a law, common for all emotions, that no matter what the wish, when it can work freely and is realizing gratification, the individual feels a pleasing sense of potency, and, when he can not acquire the object, he feels a certain amount of discomfort, which may become prolonged and severe under certain conditions. The individual tends to feel the compensatory striving of anger when food is withheld, or when his time or property is wasted, reputation jeopardized or love seeking infringed upon. In other words, no matter what particular autonomic-affective tensions an object or situation relieves, whether hunger, hate, shame, grief, love, etc., its potential loss causes a fear reaction which may or may not be *compensated* for by anger reactions. The determinant for the nature of the *compensation* lies in the submissive or resistive qualities which the environmental situation has for the individual. Compensation is a most fundamental attribute of living tissue and is in principle like making a compensatory leucocytosis for infections or the compensatory hypertrophy of an organ for the painful or distressing insufficiency of another organ.

The itching autonomic segment and its affective craving are confined by *nature* to obtaining relief through the successful exposure of an especial receptor to an adequate stimulus. When we study the behavior of man or animals, normal or abnormal, this principle must be constantly borne in mind. Most of our segmental cravings come to be so conditioned that the adequate stimulation of any one of several different receptor fields may gratify them.

The autonomic-affective cravings do not reason. Like other physical forces they cease to strive just in proportion as they are neutralized. *Therefore, when the perfect reality can not be ob-*

*tained, a substitute is adopted or accepted, as an image, delusion, hallucination, fetich, ritual or symbol. The use of rituals, symbols and images is adopted or substituted reflexly, and one image is often quickly dropped for a better. On the other hand, he who would force the abandonment of a pleasing image or fetich is attacked—as the persecution of religious reformers.*

For example, Frazer\* reports that some African savages nail strips of ox hide to their shields and spears to make themselves

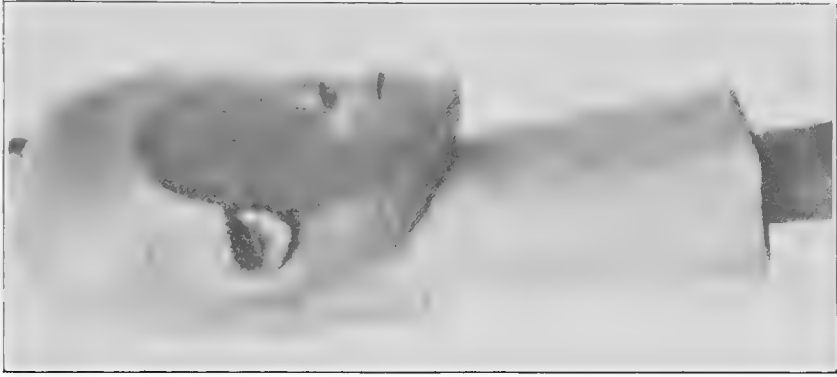


Fig. 2.—African negro wand as a phallus. The glans penis carved as a head and face.



Fig. 3.—Early Mexican (Aztec?) ceremonial knife as the erect phallus. (By permission of the National Museum, Washington, D. C.)

feel as strong as the ox, and tie frog skins around their necks to make themselves feel that they are elusive and difficult to hold in combat, because this desirable quality of the frog's skin enters their bodies. No doubt the suggestions and the reflex imitative responses greatly compensate for the inferiorities and prevent fear. I saw children take angle worms, cook them into a paste

\*The Golden Bough.

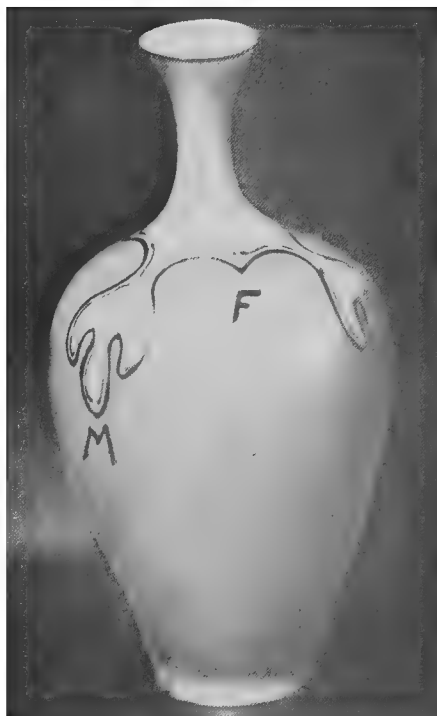


Fig. 4-A.—The black line on the vase shows masculine (M) and feminine (F) sexual symbols. The design first developed in a dream of an unhappy woman suffering from the unresponsiveness of her lover. While completing the design on the vase she became conscious of its sexual significance and its comforting influence. She had the courage not to destroy the sublimation.

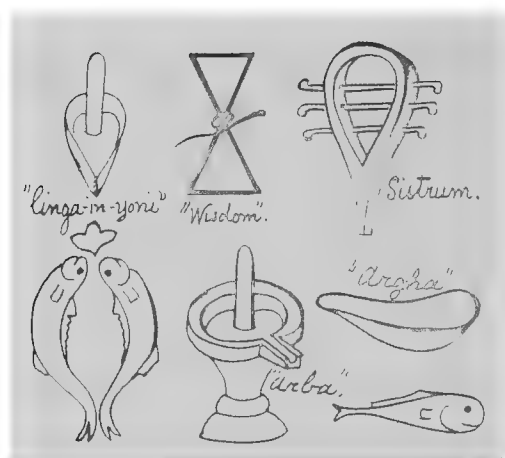


Fig. 4-B.—Symbols of sexual union; the linga-in-yoni and the arba are signs of union; the symbol of wisdom is a male and female triangle joined by the serpent, or passion; the sistrum is a symbol of virginity.

and rub this into their backs, arms and legs in order to obtain the angle worm's power of contorting itself. A little girl's mother drank from a glass of water before going on a long journey. The little girl was obsessed with the fear that her mother would die and preserved the glass of water to keep her alive. An impotent dementia præcox male rubbed tallow into his abdominal skin to restore his potency. Some savages sprinkle water on the ground amid religious incantations to simulate rain. This is a common practice in some present-day religions. We collect mementoes and souvenirs, erect monuments, dedicate books, buildings, charities, wear colors, styles of clothing, go to the play, attend church, etc., all for the purpose of giving ourselves stimuli that, as substitutes, have the capacity of relieving the affective cravings, or, by arousing compensatory reactions, diminish the *fear* of failure and loss of potency.

It would be very valuable for the physician to know something of the language of symbols which seems to be surprisingly similar all over the world, among all peoples of every educational level. It is the only avenue for understanding a patient's affective cravings in order to work in psychopathology.

It may be well to enumerate here a few of the male and female sexual symbols to be seen used by people, many of whom are not psychopaths:

*Male genitalia.*—Key, pole, stick, gun, pistol, sword, knife, tower, monument, pillar, post, wire, flower, fish, horse, dog, tree, stone, screw, pencil, pipe, column, snake, worms, rat, mouse, frog, insects entering flowers, fork, spoon, ax, saw, teeth, tongue, finger, toe, broom, leg, arm, watch, clock, stove, number 1 or 3, sheep, lamb, dove, etc.

*Female genitalia.*—Beetles, vase, chalice, globe, curtains, earth, flowers, fish, books, bottles, key-holes, lock, food, mouth, hands, wound, violin (female's body), windows, doors, halls, number 2, sheep, lamb, dove, etc.

*Copulation symbols.*—Putting key into a key-hole, killing animals, birds, etc., by shooting or stabbing, sweeping a floor, polishing a floor, cutting bread, entering a room, ascending stairs, insects and birds and butterflies entering flowers, ploughing ground, fires, electricity, flashing lights, injections, numbers 23 and 5, or "2 in 1," or "3 in 2," "3 in 1," etc.

*Seminal symbols.*—Almost anything thrown off, emitted or passed off by a larger body, such as sputum, pus, perspiration, urine, feces, scabs, hair, falling leaves, etc.

*Parturition symbols.*—Almost anything given off by the body, such as pus, vomitus, feces, urine, etc.

*Impregnation fantasies.*—Any odd little trinket in a box, vase, jar, trunk, package, bundle, number 3 or 4, tumors, etc.

To sum up: *It seems that anything that may enter something else, even as a blanket being put into an automobile, may represent the male genitalia (in this case, impotent phallus) and the sexual act; anything that is cast off from the body may represent semen or parturition; and anything retained within something else may represent an impregnation fantasy; anything devouring or killing something or stealing something may symbolize seduction or rape.*

Vulgar stories, religious rituals, and dreams, psychoses, fe-



Fig. 5-A.—Winged phallus or sun disk uniting with another world creating a third.

NOTE.—Figs. 5-A, 5-B, 5-C, 5-D, 5-E, 5-F are symbols of sexual union, and were drawn by a patient of paranoid homosexual striving. (Published by courtesy of Dr. Mildred Sheetz.)

tiches and decorations reveal the amazing extent to which symbols are used to relieve our autonomic tensions.

The psychoses presented later will show the use of symbols in innumerable, odd ways, and many of the symbols are logically explained as they are presented.

The presence of the image or symbol in a psychosis need not mean that it has a sexual significance. It may gratify quite a different wish, but, as the professor of surgery advised the medi-



Fig. 5-B.—Phallus grasped by arms of crab. The crab as a devouring cancer often symbolizes the destructiveness of excessive eroticism.

cal student, in all lower abdominal tumors in females that have the capacity to menstruate, rule out the possibility of pregnancy first, also, in all obscure chronic diseases, rule out syphilis first;

so the psychopathologist must consider the patient's sexual life in every abnormal adjustment.

It is a psychological law, universally found active throughout



Fig. 5-C.—Maiden standing over cross inspired by the serpent as the phallus. The cross symbolizes the sexual act.

the race of Man that *children and adults, whether savage or highly civilized, will use an image or symbol, or a substitute when the*

reality can not be obtained in order that the affective craving, no matter what it is, may be neutralized. In this manner, the individual gets relief from the autonomic tension, and, for this reason, the image or symbol has a psychotherapeutic value, in that it has

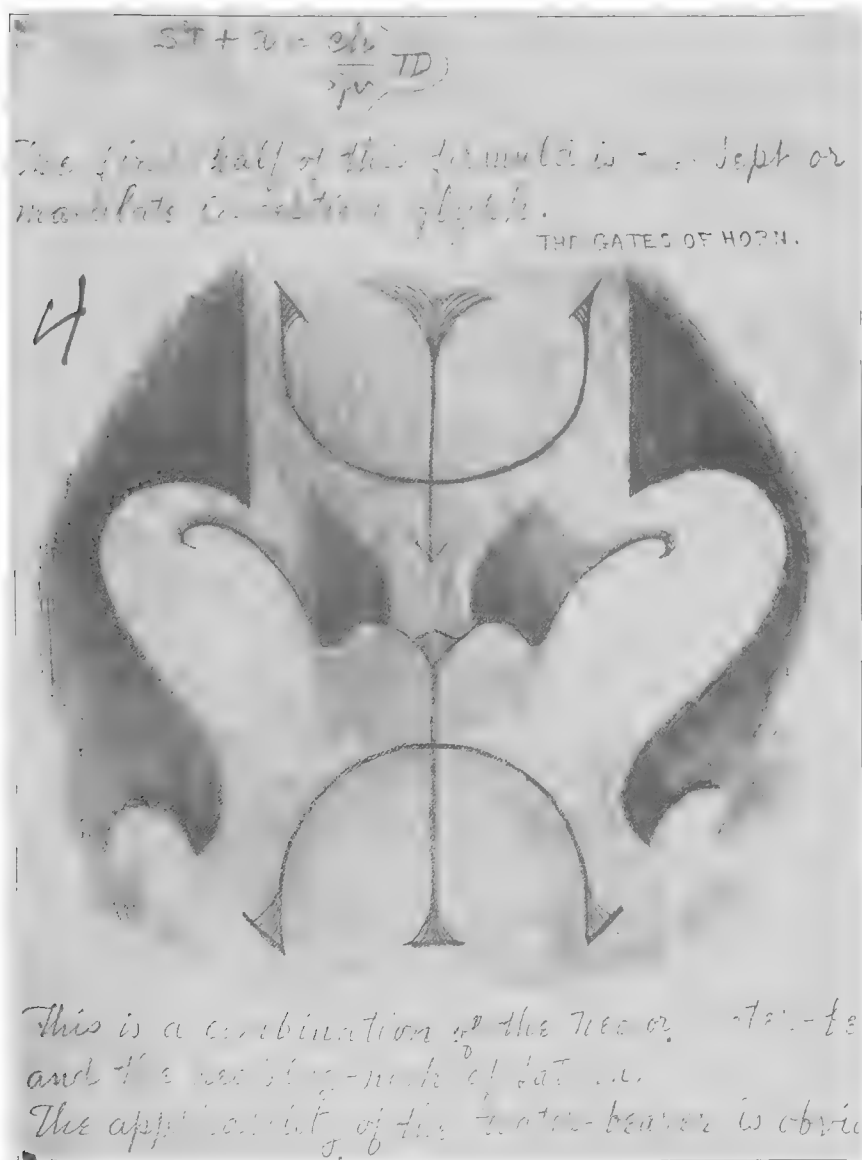


Fig. 5-D.—This design shows the male above united with female below. Above is an algebraic formula used for a similar significance.

*a protective influence against the loss of the true stimulus causing the autonomic apparatus to assume fearful tensions, which are always conducive to malnutrition and impotence.*



Fig. 5-E.—The double vase with crossed designs symbolizing sexual union. This design signifies homosexuality and has its origin in the crossed gluteal lines. A series of such drawings were made by the patient while having such cravings.

If one will analyze the wish-fulfillment in a scientist's researches, an artist's paintings, a writer's characters and theme, a

child's fantasies, a laborer's tools, a housekeeper's choice and arrangement of furniture, colors, etc., one will find that it satisfies certain conditioned autonomic-affective cravings. The selections appeal to the individual who has similarly *conditioned* wishes, and, conversely, this law is just as true—it is disliked by the individual who has either repressed intolerable wishes that crave the object or has manifest wishes that are imposed upon by the object.

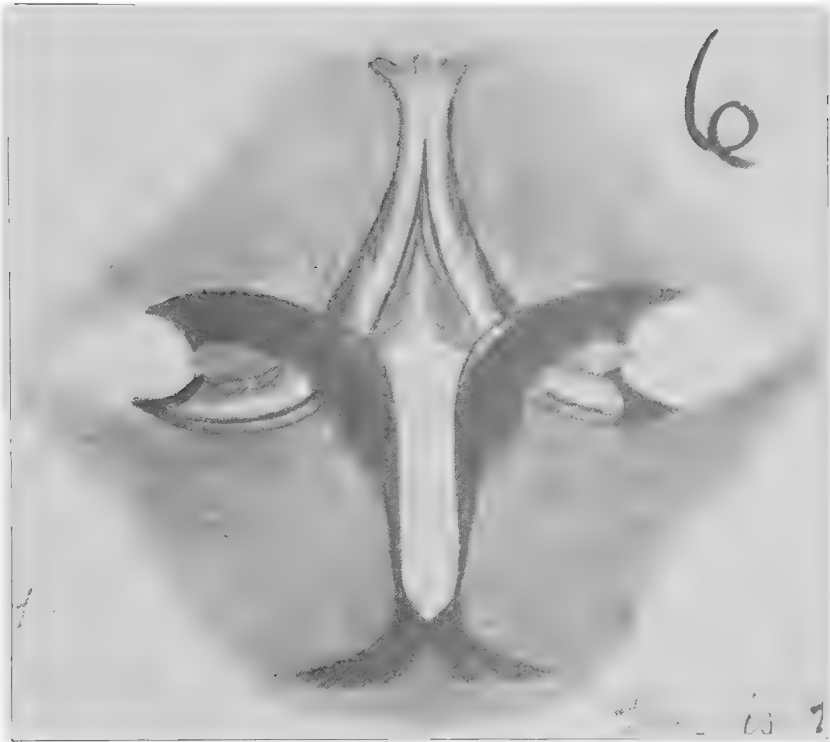


Fig. 5-F.—Symbol of sexual union, same design as Fig. 5-E but signifying heterosexual relations.

In the gravest, most confused psychoses, whether related to organic or metabolic disturbances, the autonomic cravings are the dynamic factor. They determine what environmental conditions will be accepted or rejected by the individual, the practical or impractical nature of his stream of thought and what organs, movements and postures of the body shall become favorites and be cultivated assiduously or shall be avoided and allowed to atro-

phy through disuse, or even be mutilated and destroyed. To illustrate: Many prudish young women hold the chest as flat as possible so that the breasts will not be prominent. The bashful, awkward boy or girl avoids competitions that require the demonstration of physical skill because of fear of being inferior, and through disuse becomes more inferior. One son takes to athletics to win pleasure and esteem and a rival brother becomes a scholar and a third brother, a musician, or two brothers become physicians, and both, trying to become a parent's favorite, hate each other. One daughter physically more beautiful than her sister becomes a society belle, and her sister, desiring the same things, but, being discouraged because her family openly favor the beauty,

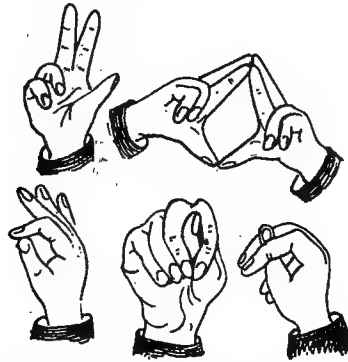


Fig. 6.—Showing sexual significance of postures of fingers. Hands in blessing. First, male trinity; second, Hindu symbol through which worshippers gaze at sacred objects; third, male and female symbols; fourth and fifth, sexual union.

becomes sullen, brooding and autoerotic. In a similar situation the less beautiful sister imitates a sympathetic, "brilliant," though ugly looking aunt. Narcissistic boys and girls make features of any superior organ that happens to win praise, such as the hair, eyes, hands, voice, face, the dance, etc.

The chapter on the "Universal Struggle for Virility, Goodness and Happiness," is devoted to the behavior of males and females, normal and abnormal, in their struggle to master the causes of fear and compensate for inferiorities in order to win virility and social esteem.

### The Use or Disuse of Organs, The Anesthesia or Hyperesthesia of Receptors and the Physiological Nature of Memory

The collection of psychoneuroses and psychoses will show how *autonomic-affective resistance* to a receptor lowers its power to produce sensational reactions in consciousness, as in visual constriction, regional anesthesia, functional anosmia; and, also, how a persistent affective craving increases the receptor's capacity to produce sensations, probably not by directly affecting the receptor, but because the affective craving, through seeking its needs, raises or lowers its reaction threshold to the particular receptor and its stimulus. For example, when we wish to learn through the use of our eyes (reading), while in a noisy room, the affect lowers its resistance to what it sees (reads), and raises its resistance to what it hears or feels, blocking out distractions; or, when a mother sleeps her autonomic reactions are conditioned to be aroused by those sounds which are characteristic of her baby becoming restless but other sounds are resisted.

When children are forced to study, or adults are compelled to work with things that their love cravings are conditioned to have aversions for, their capacities for recall and associations of thought become dull, slow and unprogressive; whereas the same child's learning capacity or the same laborer's or scientist's working ability is tremendously increased so soon as the love cravings can work with a medium that pleases them. This is to be clearly seen in the analysis of Darwin's working capacity as a child and as a man.\*

When an animal, child or adult, educated or uneducated, sane or insane, is forced to attain affective gratification through working with a medium that it has aversions for, its constructive capacity is greatly depressed.

This law should be understood by every educator and advisor, no matter what may be his especial line of work. Darwin, like all of us, found it difficult to learn, remember and use, or do that which did not please his wishes. Hence, in analyzing a man's character, it is to be remembered that *he retains what pleases and tends to forget what displeases*; except when indirectly the displeasing may later become a useful means.

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\*Chap. vi.

This has been demonstrated in the psychological laboratory\* and verified through psychoanalysis. The content of consciousness is largely composed of kinesthetic sensory streams, aroused by the postural tensions, which please the affect, being retained. In recalling images (memories) of past experiences or of objects, the affect or wish so coordinates the postural tensions and movements as to reconstruct a sensory-motor image of the experience.

The efficiency of the acquisitive coordinations or learning curve when not complicated by fear and aversions may well be represented by the following experiments:

When food was held by the hand, under carefully controlled conditions, to a cage in which a hungry monkey was imprisoned, it projected itself in practically a straight line to the food and seized it. Now, when a stick was held by the hand in the same place, the monkey projected itself in a tangled line in back of the cage, showing a typical avertive-fear reaction. When food was placed on the end of the stick, the monkey cautiously approached in a zigzagged line, a compromise between the straight food line of approach and the tangled-avertive-stick line; showing that a compound or complex stimulus or situation may arouse both acquisitive (hunger) and avertive (fear) reactions. The autonomic cravings struggle to dominate the final common motor paths and cause the confused, inefficient coordinations. The less fearful man or monkey, given the same acquisitive cravings, therefore generally wins in competition because he coordinates more accurately and freely.

The above curves or trails of efficiency apply very well to a child learning what it has cravings for from some one it likes (the straight line), as compared to its manner of learning what it dislikes from someone it dislikes (the tangled line), or learning something it likes from someone it dislikes (the zigzagged line). This applies equally well to the adult working at what pleases his conditioned cravings under an encouraging, appreciative employer or director, and the uncomfortable adult who must work at what displeases him. This principle is also shown in the marked difference in the constructive and destructive compulsions of the happily and unhappily married.

The unbiased study of human behavior in males and females shows that both sexes, at all ages, must constantly strive to maintain a relatively high quality of virility and efficiency, and, no mat-

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\*Langfeld, H. S.: *Psychological Review Publications*, xvi, No. 5, 1914.

ter what course is pursued it must be a protection from fear of possible failure due to the superiorities of a rival or disastrous incidents in the environment, such as accidents, responsibilities, failure, etc. Compensated fear causes a convergence of the blood supply upon the head, arms, and shoulders, and prevents sexual potency by depriving the pelvic vessels of sufficient blood. Hence the cause of fear must be counteracted by a fetich or faithful ritual. This fact is not believed by many because they regard their sexual interests as something other than admissible to a refined state, and by keeping the sexual cravings repressed so that the latter must use obscure symbols and disguised fantasies the individual maintains that he has freed his *ego* from the influence of the sexual autonomic segments. Only those individuals make such repressions who dread the peculiar requirements of their sexual cravings and the *resultant* course of adjustment is always characterized by a semifanatical or prudish castration tendency.

A large, vigorous, well-developed army officer, 48, consulted me for relief from high blood-pressure (180-200), cardiac palpitation, and the fear of dying from cerebral hemorrhage due to his assumed "arteriosclerosis." Repeated physical examinations by competent men showed no physical lesions or arteriosclerosis. (Cannon has demonstrated the compensatory value of increase of blood-pressure and cardiac systole during fear.) The man's self-exhibitionistic behavior, conspicuously checkered clothing, button-hole carnation, eccentric movements that attracted attention, and his general attitude of making himself the center of attention, indicated that he was suffering from an unavoidable feeling of social inferiority. Several of his family had died from heart lesions and cerebral hemorrhage, and this suggested the specific grounds of his fear and seemed to be sufficient cause to his physician.

The psychoanalysis showed that he had repressed his sexual cravings from acquiring a heterosexual object because (1) he loved his mother too devotedly to love another woman, she clung to him most persistently, and (2) woman stood, not for love, but syphilis, social scandal, blackmail, or impregnation. Hence, the female's sexual approach did not invigorate him but aroused a sexually depressing *fear* reaction. Since he could not love a female his sexual cravings were strongly reacting to homosexual situations, and fear of this inferiority caused his overcompensation of os-

tentatiously assuming masculine traits even though they became so grotesque as to be reflexly scorned or ridiculed by other men.

His persistent fear of becoming homosexual (subconscious) had aroused the compensatory autonomic striving and explained the cause of his increased blood-pressure. When he acquired insight and learned how his selfishness was ruining his heterosexual potency, he made a quite comfortable readjustment, and his blood-pressure soon subsided to about 160. The course of his blood-pressure must be expected to vary with the hygienic nature of his affective adjustment.

### **The Complex Nature of the Autonomic-Affective Stream**

Since all of the autonomic apparatus is more or less active all the time, the stream of cravings flowing from its tensions is more or less active; that is, all of our wishing functions whether we are conscious of them or not are more or less active all the time. *Each moment's behavior is the resultant of the manner in which the cravings, reenforcing or inhibiting one another, converge upon the striped muscles; hence, upon the sequence of acts or streams of activity, and the content of consciousness.*

In the lower animals and children it is quite easy to arouse a wish and see its influence upon behavior, but in the matured male and female, civilized, the nature of the dominant wish is often neatly disguised behind other more manifest wishes. This is due to the necessity for each individual in civilized society to acquire social approbation or esteem for his wishes and avoid censorship in some direct or indirect form.

### **The Development of the Ego**

The struggle to acquire the approbation and esteem of the social group and, more important, of those few particular individuals whom we love, fear or hate, is a vital determinant of our behavior. One rarely does anything without having thought, more or less, of how some other person may censure or esteem it. Ordinarily, one is inclined to regard himself as an absolutely independent personality, but, in reality, there is no such thing, except perhaps in certain types of pernicious deterioration of the personality.

The need for social approbation begins with nursing, and has

its root, no doubt, in the years of helpless dependence upon some other person upon whose wishes and favor most comforts and life itself depends. The child becomes conditioned to fear losing esteem and favor when heedlessly indulging in segmental pleasures, such as anal and genital sensations, slobbering, finger sucking, stealing, asocial behavior. This dependence becomes further developed through loneliness, illness, and the prospective dependence of old age. Nearly all of our comforts should be and are obtained through the direct or indirect assistance of other individuals, and we depend upon the reactions of others to our achievements for orientation as to our social fitness. One may observe this in the innumerable little tricks of speech and behavior people use in order to win a pleasing comment of esteem for some act, creation, sacrifice, accomplishment, discovery, ideal, etc.

The most important factor in an adult's career is the measure of security and confidence other adults have in his honesty, sincerity and integrity. Hence, very rarely can an individual afford to gratify any particular wish that may jeopardize the wish for social esteem, unless, like the thief and prostitute, he becomes willing to renounce all interest in true social esteem and regress to a lower social or phylogenetic level where he may associate with individuals who gratify their cravings in a similar manner.

The individual's cravings for social esteem become the most manifest and persistently active of all the compensatory autonomic functions because from infancy to old age he is conditioned to obtain his needs in a lawful, fair, equitable, justifiable manner; that is, in a manner that will give satisfaction to or at least will not jeopardize others.

The herd, beginning with the parental influence in the home, trains the infant to contribute to the general progress of the herd's development. The infant's segmental cravings (as nursing and defecation) are early counterbalanced by developing wishes to control them in order to please the mother and win her favors. These wishes are jeopardized by heedless self-indulgence and the *fear* of losing favor and esteem initiates more vigorous *compensatory* striving to prevent a recurrence of submitting to the segmental indulgence. We see the infant defecating or crying heedlessly, then gradually forces develop in it that try to prevent defecating except under certain conditions. This struggle is particularly

common in overcoming the segmental pleasures attendant upon bedwetting, stealing and lying. At first there is but little success, but as the act is followed by greater *fear* the latter initiates stronger compensatory strivings to control the segment, which succeed in preventing the segment from controlling the striped muscle apparatus under most conditions, and finally altogether. When the segmental indulgence not only has the pleasant value of warm sensations but also dominates the mother, punishes her, or wins attention during the lonely night, or comes to have an erotic value, as a birth fantasy to please the father, the compensatory striving for self-control must be decidedly greater and more difficult.

Obviously what occurs is that whenever the projicient apparatus is allowed to be controlled by a segmental craving and the indulgence does not jeopardize the functions of the other segments no compensatory defense occurs, as an animal or child taking food or urinating as it pleases without fear of punishment. But when other autonomic segments are jeopardized by yielding to some segmental craving they tend to keep control of the projicient apparatus and thereby prevent the segmental indulgence because, although the indulgence has its pleasures, it is followed by *fear of punishment* or *loss of esteem*. That is, the autonomic apparatus (gastric, circulatory and respiratory segments) reflexly assumes tensions which are anxious or fearful and which initiate a compensatory striving to prevent a repetition; as in the fear and depression following masturbation. Autoerotic people make the common complaint that for several hours or days following the indulgence they suffer from a horrible sense of inferiority, fear of discovery and shame which is followed by firm resolutions (compensations) to prevent a similar recurrence. After several days the conditioned sex organs again tend to become congested by certain stimuli and the sexual (segmental) cravings become more active until they finally dominate the entire organism and the resolutions to maintain self-control and win social esteem are again overcome. This sort of struggle goes on incessantly with all sorts of simple and complex segmental cravings in the child, as oral and pharyngeal (sucking, eating, drinking), gastric (drinking, eating), anal, urethral, and genital itchings, and they must be thoroughly controlled by the time the individual becomes an adult. Those who tend to allow themselves to become avaricious, envious,

jealous, slothful, gluttonous, erotic under perverse conditions, or those who can not prevent such segmental reactions are most decidedly shunned, ridiculed and punished if they can not be ostracized.

The innumerable compensatory strivings of the autonomic apparatus that become conditioned to attain social esteem as well as segmental gratification become integrated into a *unity* or *ego* which is opposed by the segments which tend to compel actions that may jeopardize the *ego*. In this manner the conflict between the *ego* and the not quite socially justifiable or utterly unjustifiable cravings becomes established and is incessantly waged even in the normal. *In the psychoses the conflict is far more severe than normal, due to the vigor of the segment or the weakness of the ego.*

This peculiar striving of the autonomic apparatus to act as a unity, in order to control an individual segment, develops gradually, and should be regarded as a compensatory reaction to directly avoid the causes of pain and fear, and, indirectly, to retain love. When the child has developed the power to reliably control the more simple autonomic adjustments, such as the eliminative, it achieves its first great social triumph. When this capacity becomes so soundly established that no tendency to segmental indulgence remains, the individual's strivings change their tendencies and, feeling its power, it begins to strive directly, more and more, to win love and esteem, and, indirectly, to control itself. Adults who suffer from "self-consciousness" failed to make this change in childhood. The supreme triumph comes with the gradual compensatory development of the power to control fear, self-doubt, gluttony, envy, sloth and narcissism; usually from fourteen to eighteen. This compensatory mechanism applies also, obviously enough, to perverse sexual and homosexual interests, and must not be considered in the sense of applying merely to the act of masturbation, but to all the fancies, movements, interests, associations etc., that are related to autoeroticism. Most boys, when they conquer the autoerotic cravings, develop an aversion for all the associations that are connected with them, and compensate with high resolutions to enrich society.

One must, therefore, see that, slowly, but incessantly, from infancy, the autonomic apparatus develops a compensatory capacity to act as a *socialized unity* in order to control the segmental

cravings, and these compensatory cravings, through their conditioning by associated stimuli, gradually become interwoven into a personality as a *unity* of constantly active wishes. This *unity* responds to the mother's address of "you," or "John." The child begins to think of itself, as "John won over the bad little boy" or bad impulse or spirit or devil. In this manner is slowly developed the *I*, *Me*, *Myself* and the *Not-I*, *Not-me*, *Not-myself*. When the personality or organism acts as a unity with the hunger cravings, we say, "I am hungry." When the personality wishes to do something and hunger is disconcerting us, we say, "my hunger," or "this hunger."

Gradually, in youth, this mechanism develops into the "good," "conscientious" *I* and the evil, uncontrollable *Not-I*. Many people are still inclined to differentiate this as the "soul" striving against the "flesh" or the "devil." In the chronic functional deteriorations, the segmental cravings become dissociated and the "I" interprets the dissociated wish and the behavior it produces as another personality. This mechanism is of the utmost importance to the insight of the psychopathologist, and for all people who wish to relieve the suffering and anxiety that is caused by the eternal feud between the *ego* and the *segment*. It will be discussed in detail in the chapters on the psychoses.

Any man or woman may learn to know, upon introspective self-analysis, that *anxiety* is generally due to fear of the possibility of failure to live at the level that pleases his refined wishes best. The possibility of failure may be caused by a disease in an important organ or by the pressure of an unmodifiable, persistent affective need that we can not or dare not permit to acquire gratification.

### The Mechanism of "Transference"

This is the key to successful psychoanalysis and psychotherapy, and upon it depends the physician's ability to sincerely appreciate the patient's conflict. He must genuinely wish to assist the patient for his welfare and the welfare of society and the analysis must proceed upon a clearly defined *altruistic* basis. The physician must not become a censor, moralist, or temptation. He must remove, as soon as possible, the *fear* of censure in order that the repressed functions may manifest themselves. The phy-

sician represents the highest reconstructive interests of society; hence, so soon as the patient confidently feels that the revelation of his repressions will not lose for him the physician's esteem, he quickly begins to show a relief from anxiety; that is, relief from fear of the affective cravings that he has repressed (that he tried to "forget") because they were "selfish," "vulgar," "perverted," etc. In turn the functions to love become reestablished and this force makes life worth living and suffering. For a time this affection transfers or attaches itself to the physician and works to make the personality attractive to him thereby giving up the delusions for methods of thinking that win his confidence. Thus is developed the bridge to normal, practical interests, new "will power" and new love attachments.

Before considering the mechanisms of *suppression* and *repression* of affections or cravings, the physiological nature of the *will* must be considered. The riddle of the nature and origin of the *will*, which has baffled philosophy and psychology since man began to assume its existence, may be remarkably clarified for the student if he will follow Holt's suggestion to see the *will to be* or the *will to have* as the *wish to be* or the *wish to have*.

### Origin and Nature of "The Will"

When we *will* to do this or that, go here or there, *we really WISH and compensate or strive, without restraint, in order to overcome the potential possibility of failure to obtain gratification.* This capacity should be assiduously cultivated by the individual throughout life provided it does not make him asocially aggressive.

It should become, with reserve, a consistent attitude toward everything in the environment. The affect craves for an event or an object, and the likelihood of its not becoming a pleasing reality causes a more or less vigorous *fear* producing reaction in the autonomic apparatus, in proportion to the seriousness of the wish and the likelihood of its not being gratified. The *fear* reaction, in turn very quickly arouses a reflex compensatory speeding up of the autonomic apparatus, as shown by Cannon and others, in the increased rate and strength of the heart beat, increase of adrenin and sugar in the blood, and an appropriate shift of the blood supply to the working parts. This compensatory increase of physiological power, greatly invigorating it, enables the *wish* to attack

and reconstruct the environment so that at a certain time certain events must occur.

This mechanism works incessantly in every person's daily life in a ceaseless stream of minor events. When I wish a pencil, I must compensate for the pencil's failure to place itself in my hand by picking it up, an aggressive act. When I need someone's assistance, I must compensate for the discomforts caused by not having it, by expending the energy which has been aroused by the inconveniences of the situation, and seek it.

The man, who, after due consideration, allows himself to wish to have an object, such as a position, factory, invention, be an honored guest, conduct a hazardous responsibility to a successful conclusion, or make a scientist of himself, must not only be able to wish for the event, but be able to freely and successfully compensate for all the *fears of failure* that may arise. In proportion as his compensatory powers begin to fail, the weakness of his so-called "*will power*" becomes manifest. When we wish for an event, but do not act to make its fulfillment possible the wish is only strong enough to cause awareness of its need (thought) and not strong enough to act. Through the introspective analysis of the occasions of what might be called increased *will power* in myself, I have been able to find a repressed, banal fear of losing the thing I wished to acquire. For example, while working on a manuscript, my capacity to coordinate details and to visualize the object for which I was striving (demonstration of a theory) had greatly subsided, and, for several days, I could get nothing done. Then, one day, about noon, the capacity to work had become greatly accelerated. This acceleration had occurred so spontaneously that it was well under way before I realized it had occurred. At first, I could not account for it. No one had relieved any diffident, repressive tendencies in myself through an expression of esteem for my work, but, with further recall, I became aware of the fear that another psychopathologist, who was acquainted with my material and theory, was finding it difficult, revealed in his manner of saying what he would like to do, to refrain from usurping my rights. \* The only practical defense was being reflexly made through vigorous self-assertion which discouraged the other man. Within a few minutes the vigorous autonomic compensation for the fear of the possibility of losing the fulfillment of an important wish began

to show itself in an aggressive onslaught upon the environment, my data, making it conform to please the wish by assuming the form of a completed article.

The grand, old law, that "honesty is the best policy," has a critical significance in the development of personal power. It often requires the endurance of great anxiety to honestly endure the prospect of failure, particularly when a dishonest adaptation, as a lie, secret, or malicious advantage may give temporary relief or advantage. But the enduring of the anxiety, in turn, gives the individual a sublime reward, in that the autonomic apparatus is so constituted that the situation forces it to augment its vigor and thereby develop additional skill, endurance, insight and power. One may see this compensatory mechanism wonderfully developed in such remarkable characters as Charles Darwin. (An analysis of his personality is included in the chapter on the anxiety neuroses.)

The failure to endure anxiety makes the vicious, secret, intriguer, the pathological liar, the drug habitué, the shyster, etc. Society can only protect itself from the destructive influence of such dishonest adjustments by resolutely, promptly, severely punishing the perpetrator of asocial acts. Because, then, the greater fear of punishment will influence the individual to endure the lesser fear of failure until the compensation is established. Then the individual becomes a stronger link in the social chain.

The so-called paraphrenic types, that is, individuals who are "weak of will," fail to make socially approvable adjustments because of the poorly developed nature of the wish to be socially esteemed. This is due, in turn, to the nature of the conditioning of the love cravings during youth and the insidiously repressive influence of more powerful, competing hostile associates, usually a parent or mate.

The self-lover or autoerotic type naturally sacrifices society's interests in the innumerable petty crises as well as in the greater crises, in the sense that he would rather gratify his cravings with dream images of the reality than work for the reality in a manner that has a practical social value also. This is not his conscious choice, but, during his growth, his parents failed to give him sufficient love and esteem *without cost* during critical tests. (This is clearly brought out in the masturbation difficulties of Case AN-3

and many others.) The attitude of wishing to be esteemed was not developed sufficiently to endure the stresses of competition when a more self-reliant older rival had to be beaten. Hence, the timid retreat into autoeroticism where no rivals care to or can enter.

*To sum up:* The "will-to-become" is the same as the *wish-for-esteem* and the *wish-to-have*. It is the autonomic apparatus' reflex compensation to prevent fear of the estimable or justifiable wish's failure to acquire gratification, or to prevent the asocial wish from jeopardizing the organism as a whole that gives us the power to endure anxiety and refine our methods.

(In the chapter on "The Universal Struggle for Virility, Goodness and Happiness" it is necessary to give considerable importance to the manner in which mortal struggles between father and son, mother and daughter, husband and wife, may force one or the other to abandon the struggle for virility and power unless they develop considerable insight.)

This now brings us, logically, to the significance and mechanism of the affective conflict between what may be designated as the *socialized* wishes of the personality, which constitute the *ego*, and the perverse, segmental craving, or wish, that arises from some individual autonomic segment, as the digestive or sexual apparatus.

To illustrate: The hunger craving in the stomach may, through its compulsive power, place the entire organism and its future in jeopardy by forcing the stealing of food. This compelling influence occurs much more commonly in the commitment of sexual transgressions; particularly when the compulsive craving for autoerotic, or perverse homosexual, or incestuous indulgence is insistently forcing itself upon the individual. This sort of inter-autonomic-affective conflict, it will be shown, is the mechanism that produces the destructive psychoses, and is to be found underlying every functional deterioration of the personality. Where the sexual cravings support the *ego* or socialized wishes of the personality, if of a high order, the individual becomes *virile*, *good* and *happy*, and a most constructive social influence.

Out of the affective conflict between the cravings of the *organism as a unity*, and the *cravings of a segment or segments* for control of the final common motor path of adjustment, arise the

mechanisms of *suppression*, *repression*, the summation of allied cravings, and the summation of the antagonistic cravings, dissociation of the personality, or affective readjustment, with satisfactory compromises as sublimations.

### Affective Adjustments

Sherrington has shown, to repeat, and Cannon and others maintain that the following mechanism holds for the autonomic apparatus: Wherever two neurons simultaneously converge upon a third that is efferent to them, in order to direct its movements, the mechanism of reinforcement or of inhibition may occur, depending upon whether or not, the impulses are *allied or antagonistic* in their tendencies.

The mechanism of affective *suppression* may therefore be applied to those instances, almost continuously occurring in everyday life, when the individual must prevent a wish to act from controlling his behavior, (such as to be negligent or show anger to a superior officer while, at the same time, an obedient attitude is necessary). Under such conditions we do not “*forget*” the wish; that is, we allow it to cause us to be conscious of its needs but are dominated by other wishes that prevent the anger from freely dominating the projicient sensorimotor apparatus.

*Affective repression* occurs when we prevent the wish from making us conscious of its needs (“forget it”). The difference between affective *suppression* and *repression* lies in the degree with which the wish is prevented from controlling the projicient apparatus and arousing an appropriate kinaesthetic stream. In all cases, the wish is inhibited because we are afraid its consequences will jeopardize the whole personality if allowed free play. An inhibited wish or affective craving, being the sensations caused by the hypertension of an autonomic segment, persists so long as the hypertension of the autonomic segment exists. *This tension*, it seems, *can not be relieved except through the acquisition of appropriate stimuli*. Certain stimuli come to have the capacity, through the manner in which the segment has been *conditioned*, to counterstimulate a comfortable adjustment of the viscus. The avoiding of the stimuli that have the capacity to stimulate the viscus to become hypertense often becomes a necessary hygienic measure whenever the individual is unable to acquire the means

that can give him relief. This can be seen in the careful manner in which Darwin avoided personal conflicts because he was unable to control the genesis of cravings, which, in turn, tended to demand submissions from others. All people eventually become forced to evade many situations for which they are conditioned to have uncomfortable reactions.

Hence, the psychopathologist must recognize that, during *suppression* or *repression* of autonomic-affective cravings the individual merely walls in the wishes but does not disintegrate them. Moreover, although we may be no longer aware of their true nature or the manner of their genesis, we, nevertheless, feel physical disturbances, such as localized or vague tensions, inability to work or think well, the tendency to make mistakes, have a poor appetite, sleep restlessly, etc. The repressed affections are incessantly trying to force us to become conscious of their needs; that is, to dominate our behavior so that they can obtain gratification; and they may be seen to seize upon the slightest opportunity that may possibly bring relief. This is evident in our dreams, errors, selections, prejudices, the tensions we feel when we have forgotten to do something important and the neuroses and psychoses.

The seriousness of autonomic repression depends, largely, upon the nature of the segment involved and the importance to the daily life of the circumstances attending the repression. This may be estimated only through a study of the patient's affections and his responsibilities.

The tendency to suppress our affections may accumulate; that is, a *summation* of the *repressing* or *suppressing* egoistic wishes may occur, usually through the influence of puritanical associates. Also, a summation of the *repressed* and *suppressed* autonomic tensions may occur and they can not be prevented from showing their influence on the postural tensions of the striped muscle apparatus, as in the summation of fear through a series of dangerous experiences. Through the summation of proprioceptive and exogenous stimuli (the kinaesthetic stream of erotic imagery and the influence of an attractive person) the repressed affect may become so vigorous that an acute, mild or even severe, dissociation of the personality may result. The repressing or socialized wishes for esteem (which constitute the *ego*) become unable to prevent the tense repressed autonomic segment from forcing the organism to

be conscious of its needs. Logically, the manner in which the individual becomes conscious of the needs of the dissociated segmental cravings is in the form of obsessive thoughts, phobias, compulsions to bring about a particular act, or confusing wish-fulfilling sensations, dreams, delusions and hallucinations, and distressing bodily sensations.

The mechanism of wish-fulfillment in the dream, delusion, creation, fantasy and hallucination should be thoroughly understood by anyone professing to have a serious interest in psychology and psychopathology.

It has been pointed out in the discussion of the peripheral origin of the affective craving and its means of obtaining gratification, that, through the tense segment striving to be restored to a degree of comfortable tension, the autonomic apparatus has the capacity to force the projicient or striped muscle apparatus to make such movements and assume such tensions as are appropriate for so exposing the exteroceptor as to (1) avoid the unsatisfactory stimuli in the environment, and (2) to acquire satisfactory stimuli from the environment. But, also, through this means of controlling the postural tensions of the striped muscles, the kin-aesthetic stream of sensory images is regulated. The affective craving makes the individual aware of such kinesthetic images of previous experiences as are suitable to gratify the craving [as gastric (segmental) hunger and the thought of how, where, and when to get food]. Whenever the individual has repressed cravings which resist assuming a submissive attitude when dominated by an aggressor, he finds that it is almost impossible to forget the domination and think freely or impartially about another subject. When the wish recalls or reconstructs an insulting experience we actually reproduce an image of the experience by reproducing appropriate postural tensions which give us the kinesthetic images of the experience. This can be seen in children and in ourselves when trying to adjust an old quarrel.

We only know the ultimate nature of *why*, *what*, or *how* anything is by *why*, *what* or *how* it is *not*. That is, by comparing an object or behavior of a person with similar objects, persons, or experiences and differentiating it from dissimilar objects or experiences, we estimate its nature, physical qualities and affective value to us. Our capacity to understand anything depends upon the nature of this *imitative* or *apperceptive* capacity. *As we are*

able to accurately reproduce the factors in an environmental situation of the present moment, we are able to foresee the future results and, accordingly, make practical efficient adjustments. Our apperceptive functions, however, depend, fundamentally, not only upon the organic construction of the peripheral sense organs, and the integrative capacity of the nervous system but, more so, upon the way they are used by our affective needs. Therefore, when we can not avoid unduly including *irrelevant* wish-fulfilling sensory images, that is, images or fancies of past pleasing experiences, in a present situation, our adjustment will be proportionately impracticable. We fail to be practical in so far as undue fancies are injected into the situation, as the anxious lovesick girl reads wish-fulfilling meanings in her indifferent idol's manner of accenting words, his looks, signs, etc. Southard gave an example of an organic foundation for a delusion in a woman who repeatedly said she had been shot in a certain spot in the thorax with a "seven shooter." Upon autopsy, a plural adhesion was found under that spot, which probably accounted for the local pain delusionally attributed to the shot. The psychopathologist and psychologist can not, however, accept the single fact, the adhesion, as a complete explanation of this delusion, because it does not explain why she said she was "shot" and why she said a "seven shooter" did it. Why did she not say she was stabbed, etc., or according to Dercum's idea of the influence of suggestions accounting for delusions, why did not the old lady accept the diagnosis of an intrathoracic disease process?

(Throughout all the cases presented in the following chapters, it is the endeavor to demonstrate that all creations, delusions, dreams, hallucinations, psychoses, gratify autonomic cravings that can not be gratified by external realities because social conventions and obligations force the *ego* to prevent the autonomic cravings from acquiring the external stimuli which they are *conditioned* to need. Many psychoses will be shown in which the dream, delusion and hallucination are so obviously produced by the same affective need that it is not necessary to give a series of examples here.)

It is usually so easy to recognize the compelling wish in a psychotic's behavior that one needs only to learn how to look for it. It is important, however, to bear in mind that often the wish that produces the behavior, say the wish to go back to a past experience and reconstruct it, is not the fundamental cause of the difficulty, but is a resultant compromise between conflicting wishes. For ex-

ample, one of our cases has, for six months, been screaming that she wants to go back one year, six years, twenty years, etc., in order to start life over again. After cautious inquiry, we found that this, in turn was due to the conviction that she had ruined her womanhood through masturbation which began in childhood. This, in turn, upon analysis, as is often shown, as in Case AN-3, is due to the domineering resistance of some adult (parent) preventing the love affections from frankly competing for a certain heterosexual love-object.

Art and literature, as the illustrations show (see Mars and Venus, etc.), are literally composed of images that allow the socially tabooed or repressed affect to obtain some gratification through the use of a symbol which is substituted for the reality.

On the other hand, the affect may not be repressed, but, because it is physically impossible to obtain the reality, it may use an image to obtain gratification, as in the imitative, "make-believe," play of children or the savage's manner of substituting an energizing image for the reality, as in imitating rain by sprinkling water on the parched ground, or the civilized man cherishing a photograph, memento, autograph, memory, etc., or the delusions of a psychopath.

When the repressed affect can not be controlled by the socialized wishes, the *ego* becomes more and more inclined to regard its influence as the work of another personality, and, throughout the psychoses later presented it will be seen that the patients speak of it as "God," "the devil," "they," "a secret society," "the president," "bad blood," etc. Most commonly, "*they*" is the term used for the dissociated affect. But, often, when the affect is decidedly conditioned to react to some definite person, the patient openly blames that person for having hypnotic powers over him, and the "voices" heard, or the "pictures" seen, are "thrown into the mind" by a "brain machine," etc., supposedly under that person's direction.

*Intoxications due to disease, exhaustion or drugs, or a serious disappointment, depress or weaken the ego's wishes to attain social esteem.* That is, since the latter are composed of compensatory functional integrations of the nervous system superimposed to control the segmental cravings from asocial influences, they tend to weaken first, and then, the repressed affect forces the individual

to become conscious of thoughts and sensations, such as tactile, auditory or visual hallucinations, constituting the *delirium* or psychosis, which in some manner gratify the affect.

As the vigor of the repressed, dissociated affect subsides, the vividness and persistence of the hallucination subsides. As the hallucinations weaken, grow dimmer, the socialized *ego*, if it becomes reorganized, again becomes able to direct its attention upon subjects that gratify its practical needs for social esteem. Just in proportion as the individual grows able to prevent himself from becoming conscious of the sensory image, he begins to doubt its being an external reality. *We attribute the quality of reality to the persistence and vividness of the sensations which objects in the environment force us to become conscious of when we expose our receptors to them;* as when we can not "believe our eyes" or "ears" we try to touch the object. This mechanism applies also to the hallucinated image, the delusion and the dream. The dream is often so vivid that it has the physiological effect of an actual experience. If the reader will bear this in mind, when reading the case records, it will become quite obvious that the mechanism of the fading obsession or delusion is due to the *assimilation* of the repressed affect as the *ego* becomes less fearful of it and allows it to become a part of the *ego*.

Through the psychoanalytic method of studying *suppression neuroses* and *repression neuroses* (psychoneuroses) it was first recognized that functional derangements or symptoms disappear after an adequate *affective readjustment* is made, and that, while the *affective readjustment* is in progress, the individual becomes aware of the true value of "trivial" or forgotten memories and old desires or cravings to do certain things. Usually, the history of the genesis of the desire is such that it conclusively, in a sense, logically, explains the cause of the symptoms and why they should disappear when the desire is allowed to seek gratification with the help of the *ego* (assimilated into the *ego*). Such phenomena are only intelligible on the assumption that the desire or affective compulsion, because of the persistence of the symptoms or tendencies, existed somewhere, continuously, from the time of its genesis until its readjustment. Since the affective craving has a remarkably persistent tendency to remain true to its original form upon its recall, and, since it disappears or subsides after an ade-

quate readjustment of the conflict or gratification, it is reasonable to conclude that the affective craving persisted after its genesis in something like its original form, because it was not permitted to adjust itself. Since the host has no awareness of its nature or origin after the repression but only feels distressing symptoms of its pressure, it is also reasonable to consider that it has continued its repressed existence in the postural tensions of those *autonomic* segments of the organism in which it had its genesis. A splendid but too puritanical young woman, who strove assiduously to have a "pure mind," that is, repress all the kinesthetic influences of the sex organs, suffered from dysmenorrhea and quickly recovered (without dilatation and curettage) upon learning to make a natural adjustment to the hyperactive phases of the uterus. A man who felt strong compulsions to damn his domineering father suffered from a husky, aresonant voice for years because of the suppression of the affect of anger that would use this means of attack.

The individual is constantly seeking, though without realizing it, an opportunity to obtain relief from the influence of the repressed affect. It shows in his innumerable individualistic preferences and aversions through which relief may possibly be obtained. The persistence of the repressed affect may cause such disturbances of judgment and selection, or aversion, as to induce serious faulty adjustments in mating, business and professional conduct, whereby the man, having become his own greatest enemy, makes a false adjustment and ruins his business or career. Not uncommonly, however, the individual, by changing his location, business, or associations, greatly relieves the repressed tensions, through avoiding the stimuli that irritate them or cause the repression. But, the individual whose moral and economic interests are so involved that a change of adjustment is not possible faces disaster, unless he can make an adequate affective readjustment through a psychoanalysis. It is this outwardly normal but inwardly miserable individual whom a psychoanalysis can help. That is, through the controlling influence of the *transference*, the fear of permitting the repressed wish to express itself is obviated. Thereby, the repressed craving is gradually allowed to fully exercise itself by making the individual conscious again of what he had forced out of consciousness upon previous critical occasions. This is often a most painful and embarrassing procedure, but so are many

surgical operations. No alternative is as practicable. The repressed affect often, but not always, causes tremendous physiological disturbances (such as the physiological effects of violent rage, anxiety, shame, fear, despair, eroticism) as the individual becomes aware of his true affective constitution and the unjustifiableness of his wish. If it is justifiable, usually, vigorous indignation, with an unmistakable expression of opinion about some offensive, selfish individual who forced the repression, concludes the recall and a splendid robust adjustment follows.

Sighs, weeping, anger, etc., followed by more or less gradual relaxation and general physical comfort, with spontaneous tendency to become generous, appreciative and playful (not witty), show that the readjustment has been completed, and the playfulness shows that the autonomic tensions are again normally reciprocating in their functions in order best to fulfill their biological career.

It is as necessary as putting a roof on a house for the patient to permit the wish to talk and say what it pleases. Merely "knowing" or "realizing" what the trouble is is not sufficient. All our affections are *conditioned* to obtain much of their gratification through speech. *The wish must be permitted to talk and act freely in order to acquire the reality or image of what is needed.* In this manner the individual wish loses its obnoxious or fearful qualities and becomes completely assimilated into the *ego*.

The affective mechanism by which the personality becomes more and more accurate in its capacity to make constructive as well as pleasing social adjustments, and its capacity to project its influence farther into the society of the present and future, may be considered to be a form of *affective progression*. This is in direct contradistinction to the mechanism of *affective regression*, whereby the discouraged, depressed personality recedes from the higher, more intricate and more delicate adjustments to the earlier and more simple, childish methods of adjusting. In the hebephrenic and catatonic dissociated types, as the cases show, the regression may continue to the infantile or nursling level or even intrauterine attitude. In the catatonic cases, it will be shown, the personality passes through a "rebirth" and progressively redevelops, resuming its former interests; some stop at a childish, others at an adolescent, and still others even attain a more matured, efficient level than they had reached before. The degree of readjustment de-

pendes mostly upon the nature of the obligations and the attitude of certain associates (usually family) and, very important, the physician's constructive influence through the *transference* and psychoanalysis.

The psychopathologist must develop the habit of seeing any adult person's behavior as the *resultant* of *many* wishes and *never* as the adjustment of simply *one* wish. It requires considerable training to develop this viewpoint, because we are educated to believe that any *wish* that we try to *forget*, or disown, is not to be considered as a part of ourselves, but belongs to the devil, or some organic cause or disappears entirely.

The mechanisms of *compensation* and *sublimation* now logically follow for consideration.

*Compensation* is one of the most fundamental attributes of living tissue and occurs particularly where there exists some sort of painful irritation or the tendency of the autonomic-affective apparatus to be forced into the *fear state*. The cause of the fear state may be due to pain from the disease or injury of some organ (as the heart, lung, kidney, skeleton, skin) or the potential danger of injury, failure, persecution, prosecution, loss of social esteem or property, etc. In either case the digestive circulatory and respiratory segments and the adrenal, thyroid and hepatic glands are forced into a state of hypertension by the potential danger and this continues until an adequate defensive course of adjustment or insurance of protection and safety is established by protecting or concealing the vulnerable part or defect, or by destroying the dangerous qualities of the attacking organism or person. If the cause of *fear* is a segmental compulsion within ourselves an attempt to *eliminate* it, or, if regarded as a social inferiority, an attempt to *compensate* by some estimable work is reflexly initiated.

The *elimination* process not only may lead to the most drastic surgical procedures, justified as the last resort to relieve an obscure cause of distress, but to violent self-inflicted castrations and suicides, or the chronic disuse of organs and functions that are of the utmost importance in the struggle for life and happiness. The *elimination* method of relieving the *ego* from the pernicious or distressing influences of a tense, painful organ is justified by the surgeon who desires to perform plastic operations on the stomach, colon, rectum and particularly the female genitalia. Many sur-

geons still reason that in order to remove the distresses of a segment the segment needs only to be excised. This procedure fails in a most inglorious manner if the cause of the repression is not removed; as the fear of failure in business, the tendency to perverseness, or secret autoerotic indulgence.

A panhysterectomy did not relieve the erotic cravings of a woman. Although performed as a last resort the elimination of most of the sex organs did not eliminate all the *erogenous zones* which had become conditioned through fancies and masturbation to be aroused by many forms of environmental conditions, particularly the presence or thought of nearly any type of man. A brilliant, paranoid army surgeon amputated his penis to prevent young women, whom he hallucinated, from using him for sexual purposes. The erotic segments continued to exercise a pathological effect upon the personality even though partly destroyed. He now begs to have his testicles excised for the same purpose.

*Where the cause of fear exerts a continuous, pernicious influence the defensive compensation tends to become eccentric and eventually, like an excessive hypertrophy, defeats its purpose; thereby establishing a vicious circle.* Conversely, when a psychopath presents eccentric compensatory claims of power or ability the psychopathologist should look for a repressed segmental craving that is asocially conditioned, the influence of which he fears. Many of the paranoid psychoses which are presented reveal this mechanism.

When we have done something that we regret, we reflexly feel a compulsion to compensate with restorations. When we have a wish to do something that we regret, we also tend to compensate with restorations in order to maintain a state of estimableness. In both cases, the tendency is to get as far from the intolerable memory or craving as possible by tending to keep ourselves conscious of the direct opposite. This is to be seen in the case of mysophobia presented in the chapter on psychoneuroses. The "contaminated" girl (anal autoerotic) was compelled by the compensations to get clean in order to save herself from the *shame* and *fear* state.

An enormous field for psychological research lies in the direction of ascertaining how the sexual indulgences of youth, which later become regarded, desperately, as inferiorities, influence the compensatory striving for self-mastery, and how this extends it-

self in the direction of some vocational or professional pursuit for society's esteem and welfare.

One patient, who was persecuted by the memory of a series of oral erotic transgressions when a boy of eight to fourteen, passionately strove to compensate by developing unusual linguistic powers. Another patient had literally every tooth in his head covered with a gold crown. The latter did not frankly admit oral eroticism, but his psychosis was such that it definitely indicated it. He thought men regarded him as a sexual degenerate.

The most common inferiorities that are compensated for in a manner that may become pathological are segmental cravings for masturbation and homosexual and heterosexual perversions. This is true for both sexes. The manner of compensating for having inferior sexual cravings is to fancy having great prowess even without supporting facts. This demonstration of prowess must be absolutely differentiated by the psychopathologist from the natural demonstration of ability in order to win the esteem of a splendid love-object, in order not to grievously offend worthy men and women. The former is characterized by chronic sensitiveness and irritability, a compulsion to overvalue fancies, always on the lookout for hints of having been discovered or of being spontaneously disliked, utter inability to be humble, inclination to domineer unjustly, to be ostentatious, egotistical and destructively or depreciatively critical, but not able to be generously and constructively critical.

One can diagnose such cases on sight, when, with meager actual accomplishments, they come into the ward, walking stiffly, proudly, with head erect, face staring, hair combed so as to radiate (intelligence), face flushed or tense, inability to become agreeable, and inclination to have vague physical discomforts from the tensions of repression and overcompensation.

The general rule is that *any eccentric claim having an eccentric value, which is not substantiated by facts, is to be regarded as a compensation for a personal inferiority*. The mechanism of *sublimation* is directly related to the compensatory striving, and really means the refinement of the needs of the affective craving by other wishes which are compromising on acquiring substitutions in the form of stimuli which are associated with the primary stimuli of the repressed cravings. For example, an unmarried woman, who had strong maternal cravings, derived great comfort and relaxa-

tion through creating babies in bronze, satisfying both the procreative and social cravings; many impotent men try to build perpetual motion machines.

One finds, upon analysis, that the artist creates his play, his novel, poem or model to please his affective disposition, but this artistic fantasy is using an image or substitute for the gross reality. This is the mechanism of *sublimation*. Religion is man's supreme method of sublimating the repressions of infancy and childhood and gratifying the unfulfilled desires of maturity and old age, through the use of sacred rituals and fancies without which the autonomic apparatus would become depressed and might even fall back to a lower primitive level.

A very common form of affective adjustment and sublimation of ungratified *love* is devoting oneself to becoming proficient in a field that is attractive to the love-object. This applies also to *hate*, in becoming proficient in a field of work that is envied or hated by the hate-object.

In the presentation of the cases, many data are included to show how the unhappy men or women strove to attain certain ends to protect themselves from unhappiness caused by physical inferiorities and ungratified yearnings.

Whenever a sudden shift in the affective tensions occur in an individual, say, when something reminds us of an unpleasant wish or experience, certain symptoms of the quick, critical, subconscious conflict always occur, and these the psychopathologist must regard as symptoms of *repression*. By learning the motor symptoms and the use of symbols, the physician becomes able to recognize what affections are being repressed.

The symptoms may be divided into two general groups: (1) motor incoordinations, and (2) unpleasant sensations, in turn, due to motor tensions. (Wherever any of the following symptoms are complained of, organic lesions must be ruled out first.)

The motor incoordinations occur in the form of slight, quick changes in postural tensions, and the environment, which requires exact postural tensions, shows the subtle change in the muscle tensions by a great disturbance in the form of an error. For example, the light postural grip of the hand may be deftly holding a delicate

structure when an affective repression is made. The sudden postural relaxation lets gravity pull the object from between the fingers, and an accident results or reflexly, the next instant, the fingers clutch desperately to prevent the fall and crush the object; as a delicate bit of china. If the object is an open razor, the readjustment of the fingers may come in the form of a grab, even as it is falling through the air.

The more common forms of motor symptoms to be met with are tensions in the muscles of the scalp and base of the skull, or "stiffness" of the extrinsic muscles of the eyes, due to a repressed fear; sneezing, when not due to an actual irritant, is caused, it seems, by the contracting nasal muscles arousing itching sensations in the mucous membrane; biting the tongue, lips or cheek, swallowing food or drink into the trachea; sudden loss of vocal resonance; coughing when not due to an irritant; sudden nausea or loss of appetite; vertigo, or migraine; cystic or rectal tenesmus; stumbling or falling; errors in mechanical adjustments; errors in speech or writing; forgetting of names of people or objects, places, dates; inability to recall and, often, losing or misplacing objects.

The more common unpleasant sensations complained of, that indicate affective repressions, are the disagreeable sensations aroused by any group of tense, striped or unstriped muscles, usually complained of as a "jerking pain," "gnawing pain," "burning pain," "tingling," "muscle spasm," "stiffness, or hardness of the muscle;" inability to empty a viscus or to retain the usual quantity for the habitual length of time; "heart burn," "tightness around the chest, or throat," "inability to swallow," "choking voice," "hoarseness," "stiffness of the tongue," vertigo, weakness of the grip, or knees; nausea, vomiting, diarrhea or constipation in anxiety (the nature of the peristalsis apparently depending upon the nature of the compensatory aggressive reaction to the cause of fear) dysmenorrhea, amenorrhea, impotence, rapid pulse, high blood-pressure, headaches, mental dullness, inability to work or think, hypersensitiveness of a receptor field, or anesthesia of a receptor field, an uncommon aversion for some definite color, object, place, person, position of the body, work, event, food; or an eccentric fondness for some particular thing, event, posture or form of thought.

### Conclusion

The behavior of animals, children, most illiterate people, the lower savages, and the mental defectives of lower grade may be formulated as follows:

$$\text{Primary Wish} + \text{Subsidiary Wishes} \times \text{Resistance (environmental)} = \text{Behavior.}^*$$

But, in the more complicated civilized personality, where repressions are necessarily retained, and in the psychoses, the formula becomes complex.

$$\frac{\text{Primary Wish} + \text{Subsidiary Wishes (manifest ego)}}{\text{Primary Wish} + \text{Subsidiary Wishes (repressed)}} \left. \vphantom{\frac{\text{Primary Wish} + \text{Subsidiary Wishes (manifest ego)}}{\text{Primary Wish} + \text{Subsidiary Wishes (repressed)}}} \right\} \times \text{Resistance (environmental)} = \text{Behavior.}$$

As a personality develops and compensates for one disappointment, and then meets with a second crisis and again compensates or distorts itself, the complex affective makeup may be formulated as:

$$\left. \begin{array}{l} \text{Manifest Wishes} \\ \text{over} \\ \text{Later Repressed Wishes} \\ \text{over} \\ \text{Adolescent Repressed Wishes} \\ \text{over} \\ \text{Preadolescent Repressed Wishes} \end{array} \right\} \times \text{Resistance (environmental)} = \text{Behavior.}$$

In the study of a personality, we can usually get a satisfactory account of the *behavior*, such as the productions, many fancies, the vocational pursuits, hobbies, religious and social affiliations, economic resources, addictions, hallucinations, delusions, dreams, methods of obtaining comfort, associates, etc.

Through inquiry from the relatives and the patient, we are able to get, if great caution and persistence is used, a partly true account of the *resistance* the individual had to overcome, both in the form of the wishes and prejudices of other people (father, mother, sister, brother, wife, husband, children, friend, employer, etc.) as well as the material the wish had to work with—vocation, disinterested husband, etc.

Given then the *behavior* and the *resistance*, we can infer, using the diagnostician's method, from manifold indications, what the *wish* or *affective craving* is that compels the pathological adjustment. (We must assume, like all diagnosticians, that the patient "has a heart.")

\*In the above formula the sign  $\times$  is used in the sense of *opposed by*.

Given the *wish* and the *behavior*, we can infer the nature of the *resistance*, as in the amorous wife, who hallucinates sexual gratification, we know that her husband is indifferent, or, more usually, heterosexually impotent.

When the nature of the *wish* is ascertained, and the patient himself recognizes and admits it as a part of his personality, the psychosis changes proportionately into an anxiety neurosis, the dissociation of the affective forces disappears through accepting the socially inferior cravings as a part of the personality (Case PD-33).

When this has been accomplished, the origin or the genesis of the craving logically comes into the foreground. The analysis leads regressively from the conditioning of one wish to the influence of an earlier wish, and so on, back into adolescence and pre-adolescence. This brings us to the psychology of the family which will be covered in the next chapter.

## CHAPTER II

### THE PSYCHOLOGY OF THE FAMILY

This study of the influence of members of the family upon the affections of the individual is based upon the families that it became necessary to study in order to enable the neurotic or psychopathic member to attain a normal degree of independence so that a healthy emotional life might be developed.

In the introductory chapter, wherein the physiological nature of the emotions is presented, the mechanism was discussed by which emotions or affective cravings become *conditioned* to need certain environmental conditions. The influence of associates upon an individual seems to be essentially the mechanism of conditioning his affective cravings through *indifferent* stimuli being associated with *primary* stimuli until he also needs the formerly indifferent stimuli. The mother's voice, facial expression, color of hair, odors, eyes, skin, the shape of her mouth and conformations of teeth, her neck, bosom, arms and hands, touch and step, postural tensions, irritability and goodness, habits, ideals and eccentricities are all stimuli that come to have a potent autonomic-affective influence upon the child through being *frequently, simultameously* associated with the giving of nourishment, physical comfort and relief from fatigue, loneliness and anxiety. This continues as an almost incessant combination of stimuli, varying somewhat as the mother's affections (love, anger, sorrow, shame, pride, jealousy) determine her reactions to the infant. It persists throughout the child's growth, and, somewhat intermingled with the conditioning influence of other females, determines the value of different attributes of the female to the child as a source of comfort or cause of anxiety. Similarly, the father's physical attributes and emotional traits determine the relative value of the various types of males as comfort-giving or anxiety-producing stimuli.

It seems naive to urge that every person, friend or enemy, is essentially a compound stimulus that varies more or less in its gratifying or distressing influence upon an individual, but the

stupid resistance to psychoanalysis and the adjustments of repressions make it necessary. The conditioning of fear, hate, love, shame, sorrow, hunger, occurs without our conscious choice that these affective-autonomic functions should or should not prefer to have or to avoid certain objects, persons or situations. These mechanisms may often be obscure, but in one respect they are consistent. They are *always determined by experiences*.

There is no such thing as a definitely circumscribed experience or one person having a fixed emotional value for another, because the causal relations of events and the affective changes of people are not fixed; hence the term *experience* is used to designate a complex situation that has more or less gradually assumed a distinct affective influence or value for an individual. The psychopathologist must, therefore, train himself to *think of experiences and personalities as complex influences* which may be both *loved* and *hated* at the same time. This is not generally recognized and often leads to ridiculous discussions because of the absurd attitude: "How can a patient hate his wife when he shows that he loves her?" The child or adult, when living in a relatively consistent environment, as at home, in a village, in school, at work or in an office, meets with an endless stream of complex experiences, having, however, a common quality which conditions the affections, and, characteristically, these external and internal forces mold the personality into the typical farmer, sailor, race-horse man, schoolmaster, minister, lawyer. Naturally, the period from infancy to adolescence is the most impressionable; the child, having little previous experience with which to qualify the influence of its associates, is helpless to control the affective reactions that others arouse in itself. In fact, the infant seems to be so constituted that no socialized interests exist in its personality until the *compensations to prevent unpleasant social experiences begin to develop them*. The compensatory wish to remain pleasing to its benefactors must eventually be developed and associated with any perverse wish that might be aroused in order that its restricting influence will regulate the influence of the asocial, perverse wish. For example, infants have to be trained to control their segmental cravings such as to eat or void promiscuously. Unless trained through the influence of clear-sighted, earnest parents, they are likely to be perversely curious about anything pertaining to the sexual or excretory functions, and this curiosity when repressed

later becomes, during maturity, the determinant of asocial interests, such as frigidity, peeping, lying, exhibitionism, etc.

The older children and adults exert an incessant pressure upon the child to control its affective cravings and reward it with all sorts of praise and tokens of esteem when it succeeds. On the other hand, when it is indifferent to the general interests of its group and selfishly yields to the pleasant influence of an autonomic segment, such as stealing money or food for the gastric cravings, or indulging in anal or masturbation pleasures, it is severely punished and more or less ridiculed and ostracized. Through *pain* and the *fear* of arousing the disgust and dislike of its associates a general autonomic compensatory striving is reflexly initiated, which, above all else, becomes devoted to controlling any autonomic segment that may tend to compel asocial behavior. This general, incessant, autonomic compensation becomes essentially integrated into a unity to prevent any division from jeopardizing the unity. *This UNITY, having the capacity of reacting so as to be conscious or aware of any segment's activities, constitutes the ego, and learns to speak of itself, as "I," "me," "myself," "I am," "I wish," etc.* Before this functional integration develops in the child it is regarded as "it," and only gradually does it become a personality that is named. Even the devoted mother instinctively speaks of her new-born infant as "my child" or "the baby" or "it," and not until "it" begins to talk does the tendency to apply its name begin in other personalities. Naturally, the *ego* that masters itself most thoroughly and is supported by its segmental cravings so that it can control the environmental and social factors constitutes a potent factor in society. In proportion as the segmental cravings are asocially conditioned and uncontrollable we have social delinquents, criminals, psychopaths, etc. The nature of the influence of associates upon the *ego* also explains why people adjust differently to their asocial cravings, as the homosexual and autoerotic.

A man of thirty-six, who had masturbated almost consistently every third night for many years with no distressing feelings of inferiority, although always very eccentric and effeminate, began to grow progressively sensitive, irritable and paranoid, as he tried to master himself and overcome his autoerotic inferiority. His confessions emphasized the mechanism that the feeling of being an inferior developed in proportion as he strove to master him-

self. His adaptation became so seriously paranoid that he had to be advised to quit trying to readjust his affections, and, instead of continuing to attack himself, he was urged to develop vigorous interests in a hobby which might distract him from his sexual self-love.

The most common factor that influences people to flock together into characteristic groups is the finding of associates who will not become critics of each other's organic, functional, or segmental inferiorities, and who also express some admiration for whatever aggressive, efficient compensations one or the other might make, whether criminal or not. Hence, when the compensatory strivings are too eccentric and annoying, as a vocal mannerism in an oral erotic, the individual's associates, through *nagging*, try to force a change in his adjustment or force him out of the social group as much as possible. The individual when not able to abandon the compensation, because of its value for the control of the obsessive segmental craving, either becomes seclusive or goes through an affective reformation, or a distortion that may even require confinement in an institution. (See illustration of a man with a spastic functional paralysis. Fig. 41.)

Many boys and girls suffer agony and despair from seductions or pernicious asocial (autoerotic) habits simply because they can not go to an adult, particularly the father or mother, and through a confession, win assurances that they have not irretrievably damaged their parent's esteem for them and may continue to feel worthy of winning their love. Such secret *shames* and *fears* often become the foundation of eccentric defenses and compensations, such as deceitfulness, shyness, and seclusiveness. If the distressing factor continues to be vigorous, as irrepressible masturbation, the child may develop a very pathological trend of adjustment which will, unless later corrected, become the foundation of a wretched personality. (See Case AN-3, p. 251.)

It is highly important for the psychopathologist to bear in mind that *vicious* affective circles as well as *benevolent* affective circles may be established between *any* two people or the members of a group of people, whether they are of the same family or not, because we are usually misled by the evasive first story of the family. A benevolent relationship in a group of individuals may

become changed into a vicious one through some disturbing event, as the death or marriage of one of the group.

An unhappy parent, conventional and miserable because of his affective repressions, tends, insidiously, to make those about him cause repressions of all affective interests that tend to arouse the intolerable, repressed wish in himself. In this manner, such adults incessantly influence the defenseless child to make repressions of the very affective functions whose freedom of expression is absolutely essential to the development of a healthy, creative personality. In this manner also, the tendency to make psychopathic repressions becomes a characteristic of a family, and may be traced from the patient to the father's or mother's influence, and, in turn, to grandparents, and so on, almost indefinitely. The fact that psychopathic personalities are to be found among the ancestors of a psychopath has been the *flimsy* ground upon which the dogmatic thinkers in psychiatry have made the assumption of "*defective heredity*," "*hereditary taint*," "*constitutional inferiority*," etc. This assumption, upon mature consideration, is nothing less than amazing, and could hardly have been wilder or more unproductive. That is to say, simply because two organically defective individuals beget mentally defective children it can not safely be assumed that two organically normal but functionally abnormal parents will beget functionally abnormal children. The early school record of many children of such parents indicates that they have excellent functional capacities, but the personal influence of the affectively distorted parents distorts the affective requirements of the child, and this mechanism, plus the insidious censorship of society, imposed upon those who have insane relatives, may cause miserable maladjustments in post-adolescence and maturity, particularly if other personal inferiorities exist, such as autoeroticism.

A series of families is presented to show how the abnormal affective adjustment in a parent influences a son and the son in turn influences the grandson; or how the unhappy grandparent may persistently impose himself or herself upon the grandchild and ruin it. These relations are cultivated through innumerable experiences, day after day, extending throughout the growth of the child. I am convinced (this conviction is based upon professional experience) that no one can become a functional psychopath who is not greatly so influenced through the intentional or

unintentional attitude of his associates. The question as to the *moral* responsibility for influence is not to be considered by the psychopathologist. It is far better, since it can only be a matter of controversial estimation in each case and has no biological value, to leave the question of *moral* responsibility strictly alone, as a matter for the judge and jury to decide.

The judge of a circuit court suffered from a severe suppression or anxiety neurosis, with particularly persistent, distressing gastric sensations, apparently due to peculiar gastric hypotensions and a marked reduction of hydrochloric acid secretion. Because of these deficiencies, he had placed himself on a progressively restricted diet until finally it consisted of milk. He had the habit of massaging his stomach for relief after eating by gently rubbing his hand over the pyloric region. This was frequently continued until the gastric contents were regurgitated. A large, darkly pigmented blotch over the epigastric area had developed apparently from the persistent massaging. His general attitude was that of covertly pleading for sympathy and attention. He talked almost incessantly to anyone who would listen about his misery and goodness, incurability and expected death, in a way which clearly indicated that he derived great relief, even pleasure, from the manner in which he had adjusted the secret cause of his anxiety.

What proved to be the essential features of his life, which he persisted in repeating to almost anyone, were that his father, who had been an "impractical" man had been inclined to neglect the family, and that he, even as early as six years of age, and his mother, he being the oldest son, conducted the farm and raised the family. It was quite evident that his father suffered from an ungratified affective need and tended to neglect his family while he sought for the rainbow of his dreams. The unhappy wife, like all such mothers when they are heterosexually conditioned and have strong moral interests, turned to her son for what comfort and relief from loneliness he could give her. This affective rapport continued for years, that is, throughout the mother's life, and resulted in the mother unwisely conditioning a fixed attachment for her son, and the son for the mother. He became a successful lawyer and judge, but did not marry until after forty. He made a mother substitute out of his wife, and turned to her incessantly for

sympathy and petting. Like most cases of affective attachment which must be ungratified, he suffered from anxiety and gastric irritability.

After his mother died, the tendency to seek mothering from his wife increased until he abandoned all other interests. Later, when he became aware of the ruinous influence of his mother-attachment and the depressing effect it was having on his children, he made a determined effort to bring about a common sense adjustment. The fact that probably brought him to a full realization of the seriousness of his mother-attachment was not so much the autonomic distress as the danger of ruining his children by his depressing manner of soliciting sympathy and his seductive, insidious appeals for them to relieve his loneliness and suffering. The incident that made this decisively clear was the discussion of the manner in which his eldest son had responded to him.

While bemoaning his sad state of health, incurability and certainty of dying (following his recently dead mother), his son, an adolescent, heroically promised not to forsake him. He said he would lie on his father's grave, until he could join his father, because he could not bear the loneliness of being without him.

It is to be accepted that just as the lonely mother had developed a pathological attachment in her son, her son, although now a judge who was chosen by his people for his common sense, was, in turn, innocently cultivating an even more serious affective attachment in his son. Such an attachment would surely make him a passive homosexual. That is, by having been induced to sacrifice himself to please the unhappy father, he would become morose from the craving to become his father's love-object. (See Cases CD-1, CD-2. This type of attachment to the mother, when it becomes uncontrollably incestuous, is illustrated by Von Stuck's *Der Sphinx*, Fig. 27.)

The unhappy, yearning adult, whose affective cravings have been so conditioned in childhood as to cause a persistent longing to return to that ancient state of rapport with his mother, even when an old man, when permitted to associate with children, insidiously cultivates the affections of some favorite child from whom he derives a degree of comfort and sympathy. With this child, he is more or less able to live over again his own childhood. This is done, usually, without realizing its true influence on the child, who,

innocently, is induced to contribute its most sacred affections to the welfare of the self-centered, senile adult. This all occurs innocently enough, but will result most disastrously, even if overt sexual seductions do not occur.

The following case illustrates how the love affections, when fixed upon an object in childhood, tend to force the individual, when an adult, to remain conscious of the sensory images (memories) of the object upon which they are fixed. When the object is unattainable, and the attachment too powerful to be modified by the individual, the constantly recurring sensory images (as hallucinations), if grewsome, may cause grave depression and anxiety. Such intense fixations, in which the child becomes the innocent slave of the transference, are usually cultivated in children by adults who have strong yearnings to return to their own childhood. Children seem to be the most suitable objects to give them comfort. Nearly all children, particularly if they are lonely, fall easy victims to such adults.

*Case AN-1.*—A Russian peasant girl, age thirty-seven, has suffered since her childhood from depressing, horrifying, visual and auditory images of her dead grandfather.

The influence of the pathological affective trend was easily traced to the grandfather. He was a sad, lonely, religious old man, who lived with his son, son's wife and his grandchildren on a little farm in Russia. The son was irritable, selfish, domineering, and did not hesitate to beat his father, his wife and children.

During the patient's childhood, she says, her grandfather cared for her "like a mother." Her mother was a tubercular invalid. The father often starved the old man to punish him, and the little girl stole bread from the family table to keep him from suffering. Her love for her grandfather was stronger than the fear of her father.

One day she found the old man's body hanging by the neck. He had been dead for some time, and his livid, swollen face and thick, black tongue made an indelible impression on the child. She believed that her grandfather had taken his life because he was sad. She had learned to recognize that he came to her for sympathy and comfort when he felt neglected.

The child and her father washed and prepared the body for burial. His discolored face ("black") she thought was, perhaps, the devil's. She was seven when this experience occurred. After

this she had a long series of night terrors with ghastly dreams. She tried to protect herself by wearing a rosary about her neck and praying herself to sleep. For a year she slept with her mother to prevent being taken away by the ghastly grandfather who would appear to her (hallucinated) as he looked when he was prepared for burial. She believed that he actually came for her because he was lonely. (This belief in the realness of the vision is characteristic of savages, psychopaths, and normal people during dreams.) A year after the grandfather's death, the mother died following labor.

The patient could not go to school because her eyes became "sore." The night terrors continued to occur several times a week and during the day she was unable to forget the sadness and longing of her grandfather. Probably, the rough, abusive father, by depressing her, prevented her from turning to him for love. She derived some comfort from the petting of an aged woman, but was unable to enjoy the company of young people. Her menstruation began at eighteen, and, with its appearance, she said, the night terrors tended to disappear. At twenty-two, she had grown into a strong peasant girl and emigrated to America to work as a servant. The grandfather attachment, nevertheless, persisted more or less vigorously except for brief periods when something occurred to make her happy. She still interpreted her visions as her grandfather actually visiting her in spirit because he was longing to take her with him to relieve his loneliness.

When thirty-seven years of age the patient became more depressed than usual and was unable to sleep because of the feeling that her grandfather was trying to strangle her. He reappeared in the garb in which he was dressed for burial, and, to protect herself, she again slept with the rosary around her neck. After the terrifying dream she usually prayed the remainder of the night to prevent its return. Vomiting, dysmenorrhea and the feelings of abdominal weakness added considerably to her distress. She broke up the heads of a box of matches in a cup of milk and drank it, hoping that it would cause death. After she was discharged from the hospital, she stole several sticks of dynamite from a mine and carried them across the state line to her home. She hoped to leave no traces of her death as her grandfather had

but was unable to explode the dynamite and her inquiries about how it should be done led to the discovery of her plans and arrest. Upon trial, she was sent to a federal prison for carrying dynamite from one state to another.

During her stay in prison, she passed through two episodes in which singing about going to heaven and terrors from the hallucinations were prominent. Upon her admission to St. Elizabeths Hospital she was decidedly cowed, sad, depressed, felt weak, cried, did not want to live and complained of being unable to escape from her grandfather. The vision appeared constantly and urged her to come with him.

She complained of dreaming about meat "all cut up," and of two men bearing a dead woman away in a coffin. They were also coming after her. She said that she did not want to die now, but that when she became old she would destroy herself with fire so that she would not leave a frightful vision of herself for someone else.

*The autonomic-affective mechanism is the fixation of her love upon the melancholy grandfather, who had been "like a mother" to the patient. This affective yearning reproduces the scene of the grandfather's dead body. Her affections crave to have him, but are unable to have him alive; hence, the affective craving reproduces, in a sense, preserves, his existence in sensory images. She claims that she looks very much like him. She says she has his facial lines and moles, etc. The affect seems to be eternally working with the dead man, trying to resuscitate him.*

She pleads that if she could rid herself of his depressing appeals to her she could become happy because she enjoys working and is strong enough to earn her livelihood.

The grandfather apparently was the only one besides her sick mother and an old woman who had shown her consistent kindness and sympathy. The patient was assigned to work and treated with especial care in order to make earning a living and the value of friends attractive to her. The reaction was a gradual but definite fading of the grandfather images or thoughts as the transference to her physician developed. She said he had gone away and now she was happy. Several weeks after the vision had disappeared, the patient was unwisely treated. She became depressed and her troubles returned (regression of the affect). She escaped one night, wandered along the railroad, contemplat-

ing suicide, but could not make up her mind. The next day she was returned to the hospital in a tired, bedraggled condition. She came into the ward sorry, crying and fearful that her physician was going to "beat" her: This was a golden opportunity to win an affective transference. A little reassurance that we were glad to see her come back, a good dinner and rest in bed, won a splendid affective response from her. After this she took special pains to see me when I made my morning rounds, and seemed to be delighted when I stopped to talk to her. She knew my wish, from a series of conferences, that the sad grandfather and the mean father should lose their influence over her so that she could become a happy woman and help us. She has now become interested in our ideals about working, being kind, saving money, being happy, and helping everybody along. The sad, longing, tearful facial expression has changed to one of happiness. She laughs heartily and works incessantly. She now has a paying position in the domestic service of the hospital and regards it as the final road to winning happiness. She says that she is no longer bothered by the grandfather and has no interest in her father. She is industrious and is developing into a reliable worker.

The prognosis depends upon the manner in which the transference is sustained by those who have charge over her. Should she be treated meanly by a superior, a regression to the grandfather attachment is expected to recur.\*

It is generally recognized, although its mechanism and significance are not fully appreciated, that the father and mother, or the adults who control the child in the development of its personality, have a profound influence upon its affective requirements. But what has not been recognized is that *the adult unconsciously exerts a decisive influence on the wishes of the child without the child having the slightest comprehension of the existence of this influence.* Further, the adult *unconsciously* cultivates in the child attributes that please his own wishes and tends to repress in the child the spontaneous interests that irritate the affections which the adult has himself repressed. In this manner, a psychopathic (homosexual) teacher or parent may ruin a child's affective disposition by insiduously repressing its most vigorous and constructive affective cravings, particularly *heterosexual love*.

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\*About six months after this was written, the patient again became depressed and unhappy and eloped from the hospital.

The following extracts from the letter of a business man to the physician in charge of his brother, who was in a serious anxiety state (regression), shows how a mother's repressions may cause her, in turn, to ruin her children and they, in turn, ruin the grandchildren:

"Dear Sir:

"This is the second trip G—— has made to the —— hospital. I have taken him there some years ago in a similar condition he is in now.

"I do not believe there is anyone that knows G——'s condition better than I do, being my brother. There were four children in father's family that lived to maturity, four died in childhood. Father lived to a good old age of eighty years, and mother is now living, having passed the 80th year. This would give the children a natural longevity, everything else being natural. *Our mother was a devout Christian, always looked upon conception or the act of conception as the great curse or cause of the human race's downfall in Eden. Fought marriage in the matter of her children and advised all others to steer clear of the pollution of marital union.\** Around our home fireside in youth, our consciences were molded, and even to this day one brother 45 years old has never had a sweetheart nor girl friend in his life. Both father and mother were powers in the community in which they lived, but not of the leader sort, simply good citizens and respected by all, living honest lives from without, but no doubt sinning in conscience all the time if her doctrine be true.

"My sister, a beautifully sweet woman at maturity, withheld her marriage for a number of years for mother's consent, and finally married, mother simply not objecting, but refused to attend the ceremony at our church. We children are all above the average run in honesty, but lack a something that is essential in a human to fight the world with. One would say "lack of nerve," which would be right in one sense, but to be more accurate, I would say, of a truth, we are all overconscientious, so that what would be passed over by a normal person, would prostrate one of us. My sister actually lived the life of a Christian as near as her mind with God's help could guide her, but she went down in despair and hellish torment when her daughter finally married (the granddaughter).

"Her daughter's marriage was excellent, and, though rough at the start, has settled into a most contented condition now. *The roughness was encountered by her not allowing her husband to do family duty.*

"*She fought for her virtue, and, in several separations that occurred on this account, her mother's mind succumbed.* (Sexual resistance in grandmother, mother and daughter, through training; the conditioning influence of associates.)

"Fifteen years ago, for a period of five years, I, myself, made three trips to a sanitarium, thought to be past hope of ever returning mentality. *The cause of this I frankly admit was from being conscience-stricken.* A young girl, cousin to my wife, crawled into my bed one night while wife was away from home. I quote this truly. She came to my bed and I also say I did not have a communication with her, but I do say I really at the time enjoyed her company. But this could not be hid. Conscience brewed till I was crazed to a point of confession direct to wife which she paid no attention to, but to me a rip in the brain was made, and for five years I was outside of

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\*Italics inserted.

God's love and care, suffering the pangs of hellish torment from nothing in the world that would have made a normal brain even swerve to one side.

"Just this last week, the third brother, the one that never had a girl sweetheart, entered into the same condition, dementia, or something akin to it.

"I returned three days ago from where I took him for rest and treatment. The cause was most silly, from ordinary human standpoint, but to him it is as real as anything can be. In a case where an inmate of a rooming house here had some girls which she was using immorally, friction arose between them in the division of the spoils, and the young girl preferred charge of white slavery against her housekeeper. Amongst a number of witnesses, consisting of quite a few of our best young fellow citizens here, bankers and lawyers, brother was summoned for the state. I thought it would kill the boy, the shame and disgrace he attached to the matter. He reported to the Federal court and in the trial the woman openly acknowledged that it was her business, and she was not ashamed of it and the act. None of the witnesses were called to testify.

"The states attorney, however, in examining his witnesses before the trial, asked if he had ever had anything to do with the girl. He said no, and his brain is now, so to speak, broken in a conscience-stricken condition, awaiting the awful penalty of perjury, which, like Poe's Raven, won't leave the door.

"G——'s breakdown first was occasioned by his having promised to marry an officer's divorced wife. His courtship, we can imagine, was mingled with trespasses, but, when I found him in her grasp at the time on a leave of absence, she had him, body and soul. His confession to me was pathetic, I assure you. His promise was out, but she was, he found, a pervert of the first water, and his nerve was gone. I simply took him and entered him in the —— hospital at once; and he remained there bound to his promise, but knowing it was death to consummate the marriage. The woman married an officer in thirty days from that time, and G—— went out of the institution well."

The occasion of this letter was G——'s second anxiety and depression, which was said to be due to his wife's approaching labor and his work as an officer.

It is a general observation to be made, if looked for, with surprising frequency, that, *wherever we have an individual, male or female, who is conscientiously absorbed in striving to suppress the sexual functions from making him or her aware of their conditioned needs, we have a neurotic individual as the result.* This type of neurotic sexual abstainer must be differentiated from the healthy, happy sexual abstainer who is so keenly and vigorously engrossed in creating the fulfillment of a wish, through professional or vocational pursuits, that the creative, reproductive functions are fully satisfied through the substitution.

The above conscientious, wretchedly trained mother, who was unable to enjoy sexual intercourse because of some repressive tendency, almost destroyed her children and granddaughter through the pernicious, insidious suppression of their sexual forces. The patient G——, now a father, has had two very seri-

ous depressions and is expected in turn, unconsciously, through his attitude, to influence his children so that their socialized wishes will become ill adapted to meet the persistent demands of the vigorous sexual cravings.

It will be seen, in the analysis of his life, that Darwin emphasized *sexual selection* as an important cause of variations between individuals of the same species, because similarly constituted males and females, struggling for the same habitat and love-objects have the most persistent, and fiercest competitions forcing the weaker to seek new objects.

The disguised competition between the males of the same family, or the females, may be most serious, particularly if the mother or father should be unhappily mated, and treat the child as an obstacle, or substitute it for the mate. Many variations are possible in the father-mother or husband-wife adjustment.

The male or female child's affective cravings may become unknowingly conditioned by the persistent attitude of a parent, grandparent, adult relative, brother or sister, or teacher, to require infantile, preadolescent, adolescent or post-adolescent forms of attention from a particular person, that is, one having certain affective and physical attributes. This depends upon the nature of the influence and probably the child's level of development as well as physiological condition when it has the experience of the other person's influence. This conditioning capacity of the autonomic cravings is as important for psychology and psychiatry as the bacterial cause of disease is for medicine and science.

In Case HD-1, p. 617, the father, mother and older sister assiduously strove to keep the patient, a young woman, completely dependent upon them. That is, they, with most amazing persistence and selfishness, tried to keep her, the youngest child, a baby, throughout her life. Hence, when she reached physical maturity, she was utterly unable to compete with other males and females for the means to gratify her cravings. Her most terrible enemies were her father, mother and sister, who, despite my most vigorous insistence, were unable to keep from imposing their wishes and opinions upon her. With unerring fatality, she married the only child of a beautiful, unhappy, neglected but self-reliant mother who had made her son her hero and by cultivating a fixed affective attachment in him she prevented him from being able to love anyone except his mother. He, in turn, horrified by incestuous.

thoughts and dreams that developed at maturity, courted and finally married this girl, physically and mentally almost the direct opposite in type of his mother.

This husband and wife, oppressed by the demands of the two families, became incompatible, and the more infantile personality collapsed. They were the offspring of highly intelligent people whose heredity was apparently free from psychopathic traits and "inherent taints."

### **The Crucifixion of Virility as a Biological Mechanism**

*The wise, severe, self-centered father and the religious, timid, obedient, mother* tend to raise a son, particularly when they have only one child, to have a profound mother-attachment from which he becomes unable to free himself. He is completely subdued from infancy by the father's power, and, held by the pitying mother's love, is unable to assert his own masculine tendencies, because they would claim the mother and compete with the father. Such sons, despite the most desperate efforts, tend to remain miserable, autoerotic personalities (Cases AN-3, PN-6, PD-35) or even become sexually perverse because the self-sacrificial or crucificial cravings take on the form of submissive oral eroticism for the female at first, but, usually, later, for the male (Case PD-33). When the child's affections to be submissive are *too insidiously* cultivated by the mother for her own delight, since this begins at birth with nursing attentions and cleansing, the affections seem to overvalue the oral and visual receptors (nursing), and olfactory and anal receptors (tickling and cleansing). When the affective cravings become definitely developed in their requirements at maturity, instead of converging upon muscular play and the external organs of the pelvis and the tactile receptors there, it seems the oral zone continues to be overvalued, producing an oral erotic effeminate personality. (Other factors of invigoration are discussed in the chapter on "The Universal Struggle for Virility, etc.")

This will be shown (Cases CD-1, PD-35, PD-36, PN-6, PD-33, and others), upon the study of the graver psychoses, to be the fundamental determinant for the terrible fears and the dissociation of the personality in such individuals; because the affective cravings to win social esteem are so trained that they can not be

come reconciled to the demands of the perverted sexual cravings. The repressed, perverted cravings, overcoming the resistance of the *ego*, force the individual to become vividly aware of distorted images of past experiences (hallucinations) and these sensory images, gratifying the craving, increase the patient's anxious plight and fear of becoming a degenerate. The cases show that the feeling that "poison" is in the food means that the food has a sexual value which is probably conditioned by the affective value of nursing in infancy, being overvalued by the affective rapport with the mother and the mammary gland. The timid, submissive mother's wish, that the son shall obey a domineering, jealous father, is gratified by the homosexual submission, crucifixion or sacrifice of his virile initiative for the sake of the potency of the rival. Thereby, all competition, as a virile male, for the mother's love, is renounced for the sake of her mate's potency, upon the mother's timid influence (Case AN-3). The one avenue left to retain the mother's demonstration of love is to regress to or remain her dependent (nursling). The compensation for this trend, when it becomes recognized as an inferiority, is extreme arrogance and hatred of the parents and a feeling of being persecuted for inferiorities; or, if the environment is favorable, a career consecrated to gratifying the inspirations of the mother despite the father's resistance. (See Darwin's Life, p. 208.) The crucificial adjustment to the parents is shown in Michelangelo's Pietà, Fig. 54.

To return to the causes of *variations* in family adjustments or matings and their influences on the offspring. The psychopathologist must study the family as a biological problem. The ostensible practices of the family, that is, the "good manners," assumed for the needful purpose of misleading the neighborly gossips, are utterly worthless data upon which to estimate the true character of the family situation. Experience with numerous psychopaths and their families shows that it is almost impossible for a member of a family to develop a psychoneurosis or functional psychosis without the family or some member being involved directly or indirectly, consciously or unconsciously, as a repressive influence that has combined with other causes of stress to bring about the collapse.

The marriage obligates the male and female to depend upon one another for such displays of affection as are necessary, in

turn, to arouse vigorous autonomic functions in each other. These vigorous cravings are the forces that give the male and female the power to enjoy creating the pleasant home and prosperous business despite toil and worry. Wherever two people are unsatisfactorily mated, that is, wherever one or the other, as a compound stimulus, is not appropriate to arouse vigorous autonomic affective cravings in the other, because these functions are *conditioned* to react to quite different types of stimuli, the individuals tend to become obsessed by compulsions that insist upon freedom from restraint in order that the affections may attain their normal requirements. Discontented, irritable and critical, a chronic persecution of the unsatisfactory mate develops until it is followed by separation and divorce, or eccentric distortions and inefficiency of the personalities.

In those cases where the immediate members of the two families or the religious convictions resist the divorce, a psychopathic type of adjustment results, because the restless affect must be repressed or diverted. Out of the dilemma, the natural wish spontaneously arises that the other might die or become sexually unfaithful, which would then legally liberate the repressed craving or tense autonomic functions. When one or the other member of this kind of marriage is stricken with a serious illness, both may be horrified by becoming aware of the wish for death.

One occasionally sees such unfortunate individuals grotesquely trying to conceal their pleasure at the prospect of freedom.

The unsuitable marriage, through forcing the affect to accept that which it has aversions for, finally depresses the affective vigor of the individual when it is accepted as an unchangeable obstacle or resistance. Cynical people, including those who are married as well as unmarried, are cynical because they have accepted the world as containing nothing that can ever really gratify their love cravings. Hence life becomes a bore, and spontaneous thought drags along with only sufficient vigor to protect the honor, and the nutritional and economic needs of the personality. For such individuals, the belief in a second life, which is encouraged by religious associates, is adopted to make life worth living. This belief often becomes the most important compensation of the individual and almost a vital necessity.

The married couple that is unable to give up the struggle to attain happiness through becoming attached to a satisfactory love-object, often decides that a child will give it the common bond of interest for happiness. This plan too frequently fails when it is hoped that the child will become a mutual inspiration. It frequently happens that one or the other of the parents, depending upon whether he or she is homosexually or heterosexually inclined, will cultivate the affections of the child while the other tends to persecute or neglect it. In this manner, an affective fixation will be innocently, gradually developed in the child at the level that pleases the affective needs of the parent who has turned to it for love and comfort. For the other parent, the child becomes a bondsman, because its existence enslaves, through economic and social obligations, the affect of this parent. The unwelcome child may or may not become aware in the future that it is a hated obstacle but it will surely come to feel like any other individual whose society is not desired, that something is amiss. Uncomfortable, dissatisfied, irritable, lonely, neglected, and feeling inferior, it may never find anything or any vocation to inspire it. (When influenced to become resentful of this mistreatment he tends to become a restless, wandering hero, criminal, or hobo, depending upon his courage.)

A heterosexual male and a homosexual female, or the reverse, rarely make a comfortable marriage unless they have adequate sublimations. Heterosexual males and females, or, strangely enough, homosexual males and females, who have insight and do not suppress one another, often make comfortable marriages. Children born of mismated parents, who must live, day after day, until maturity, under the influence of their conflicts and ungratified yearnings, do not become conditioned to have the well-defined interests in life that other children have whose parents are so mated that they do not need the child's affective attachment to satisfy old, selfish interests. When one of the mismated couple resigns its wish to see the children fulfill certain aspirations and tacitly favors the wish of the other parent, they may be saved from developing a confusion of interests. This seems to be the most common adjustment adopted by mismated American families.

The fact that over 30,000 cases of so-called dementia præcox, that is, chronic regressions and dissociations of the personality,

occur in the United States every year is sufficient to emphasize how vitally necessary it is that the American family should become organized or reconstituted on a more healthful, honest basis. The vigorous movement for the enfranchisement of womanhood will probably relieve one cause of adolescent fixations in the child, because gradually the attitude will be developed of allowing the well-conditioned affections frankly to dominate our behavior in order that an honest source of gratification may be maintained, if not through the husband's contribution, then through exercising the right to again choose freely. The succeeding mothers will generally become progressively more resourceful and self-reliant in their methods of attaining happiness. Out of this tendency, however, a new, most serious difficulty is arising, if one may judge from the actual dilemma of certain families, and that is a progressive tendency to cultivate interests which are homosexual. This is due to the sexual resistance in the female, who, afraid of becoming pregnant and jeopardizing her beauty and independence, refuses to take the risks of making herself the slave of a child and becomes frigid. She then exerts every artifice to castrate psychically her mate (Cases PD-7 and PD-8).

It seems to be a strikingly consistent occurrence that whenever a male is unable to seek another female because of his moral resistances, and his mate, holding him in this iron grip, discourages his sexual advances through obstinate refusals, fear of pain, or frigid disgust, he tends to lose his heterosexual potency and often reverts to post-adolescent homosexual interests. This reversion is irresistible and produces a family catastrophe because the children are neglected as they become burdens when the parental affections diminish.

The principal factors that seem to influence the female to be resistant are *fear* of being dominated, the dangers of pregnancy and labor, pain, inconvenience, drudgery and loss of physical beauty caused by pregnancy, and an aversion for using contraceptives, besides the fixation upon infantile sexual substitutions, as anal, oral and urethral eroticism.

When she is homosexual the sexual attentions of the male do not give her pleasure and if aggressive may even be terrorizing or disgusting to her. While her husband is engrossed in the economic struggle with other men, this type of woman secretly in-

trigues with herself to practice a thousand and one tricks by which she can discourage his sexual inclinations, even at the cost of his vocational initiative. Following her secret dishonesty, she constantly watches for indications of what his dissatisfied feelings may prompt him to do in the matter of getting a new sexual object. With jealous petulance or the tears of invalidism, she holds him in her remorseless grasp.

One of our patients (Case PD-7) has been fighting strong cravings to become homosexually submissive. He has persisted in refusing to resume an interest in his wife. After several inter-



Fig. 7.—Maha-Kali, destroyer of men.

views with her, in which the usual stock of lies had to be deciphered she finally told me the true story. She maintained that her *fear* of having children and her husband's small salary made her resistant. Her love for her physical beauty might be included. Repeatedly, she had played with her husband until he became sexually aroused and then refused him. He became "hysterical," depressed and sullen and gradually passed into a struggle against homosexual compulsions which finally caused most distressing hallucinations of assault and delusions of being seduced by men. Her efforts to win him back, following sincere regret, have utterly failed to arouse any confidence in him. This man, it must be included, had developed a weak heterosexual mar-

gin before his marriage, but it became quite evident that his wife, like Delilah, had deftly castrated him. Her sisters, both more maternal in type, regarded her resistance as the cause of the man's impotence.

Case PD-8.—An undersized, effeminate man, has been returned to St. Elizabeths Hospital several times, with always the same psychopathic condition—namely, a wild flight of fancies in which he believes he exercises omnipotent powers. This is intimately associated, as a compensation, with feelings of sexual inferiority, jealousy and convictions that his wife secretly loves another man. The foundation for his belief in this is unshakably based upon the fact that, although she is amorous, she refuses his sexual advances. She has six children, and the family's income, her husband having had three prolonged psychoses, is too meager to support another child. Although sexual perversions occurred as a substitute, no solution was found. The wife now sums up the tragedy with the conviction that they are "mismatched." She said her husband was sexually unattractive to her, but she could not consent to his seeking another sexual object. The patient's sister, who was present at this interview, suggested to the sister-in-law that she should follow her adjustment, which was to permit her husband sexual freedom if he would consent to leave her alone. She said the sexual act was disgusting to her. For the jealous wife this solution was impossible.

The daughter of this man, a delicate, unhappy, brooding young girl, comes to visit her father with a motherly, solicitous attitude. Her future seems destined to become a tragic psychopathic struggle.

Another very serious influence in the American family, because it tends to abnormal sexual repression and distortion, hence, prudish resistance to really loving the mate, is the universal tendency in the home, church and school to taboo any childhood interest pertaining to sex. This tends on the one hand to develop secret vulgarity and perverseness, and on the other, frigid prudishness. This is gradually changing, but is still very far from normal. It seems to be vitally necessary for society frankly to express its *disgust* for sexual *perversions*, but, constructively, it must come to recognize the importance of admiration and approval, for the sake of the individual's health and happiness, of a *normal sexual life*. *The tendency to sexual castration or secret*

*autoeroticism and perverse substitutions can only be adjusted by aggrandizing the maintenance of virility and removing fear of normal sexual relations.* Never entirely, however, will the race be able to eliminate the traces of the phylogenetic influence of the ape-man and his polymorphous perverse tendencies which crop out in well-defined forms in the lower grade mental defectives and in the preadolescent stages of childhood.

The two women who unsexed their mates, that is, through subtle resistances forced a regression to adolescent homosexual methods of obtaining gratification in their husbands, are representative of the pretty, amorous woman who loves herself more than she

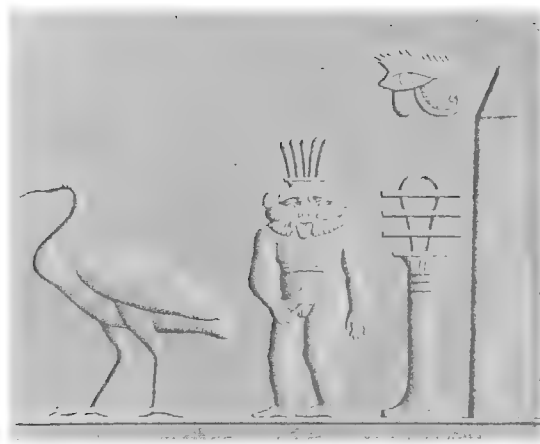


Fig. 8.—The Egyptian god Phtha, adoring virginity but masturbating and showing oral eroticism. Egyptian Temple sculpture; from L'Egypte.

does her husband. She must protect herself because so soon as she becomes affectionately demonstrative he becomes erotic and this frightens her. When he becomes depressed and sullen and homosexual she is safest. This type of woman is also to be considered with the opposite truly masculine type of female, who has male features and voice, hypertrichosis, square shoulders and small hips, and whose aggressiveness disposes to an uncomfortable tension unless she can dominate and fight for a social cause under the pretext of liberating her sisters from the domination of the "nasty man." She unconsciously, and often openly, competes with the male for a female love-object, is a hater of virile manhood and an "adorer" of "sweet men" and effeminate es-

thetes. The latter, sexually inclined to seek the affections of virile males, quite gladly substitute the protection of the aggressive female. This type of woman is usually quite happy when married to an effeminate or passive male who craves to be dominated and protected and they even raise children with little difficulty. The virile female, who needs to dominate, can not live comfortably with a virile male, neither can the clinging, dependent female live comfortably with a dependent male. Gradually, the true affective needs will cause irritability and impatience with the imposed love-object and the child, as the bondsman, must suffer persecution.

Another relationship of affections to be met with in the family is the virile, vulgar male and the unhappy, refined, invalided wife, who, although heterosexual, can not love her offensive husband. His attentions worry her and his intercourse causes pain. She suffers from headaches, dysmenorrhea, and abdominal distresses, while he, vaguely aware of her general attitude, forces her into the alternative of submitting or permitting him to seek a mistress. When she is unable to endure the latter she suffers from one sexual act to the next, not daring to become gay because he will become sexually aroused. She usually has but one or two children who gradually tend to support the appeals of the sufferer and hate the aggressor.

One boy, who became an impotent, unaggressive male at maturity, at twelve, violently and openly hated his father upon hearing his mother's sufferings when she had to submit to sexual intercourse. Such reactions on the part of the son often lead to a mortal feud between father and son, and the mother, depending upon whether she wishes her freedom or not, inclines to support the son's aggressiveness or induces him to submit to the father in order to have peace. The tendency of this type of father, if he has no insight, is incessantly to force the son to give (*spontaneously*) evidence of his submission in hesitant movements, aresonant tone of voice, and errors of judgment which give the father the desired opportunity to show his potency, domination and wisdom by making corrections. Out of this persistent submissiveness of the postural tensions of the body comes the inability to assume responsibility or maintain initiative. Sons of such fathers and mothers become unable openly to contend for the love-object because the

mother has unconsciously betrayed the son's potential aggressiveness by pleading that he shall submit to the rival (Case AN-3). The mother who obtains a separation or divorce, by the act of renouncing her interest in the father, greatly encourages the son to feel that he is his mother's hero. He enthusiastically responds with affection for her and prematurely seeks responsibility. This affection, as he matures, if not effectively sublimated, will be likely to express itself frankly, at first, in dreams and then in obsessive cravings, in the form of sexual interests in the mother (Cases PN-6, AN-3, and MD-6).

When this mother, however, marries again or becomes economically independent, which means to the son that she still loves someone more, he tends to become a psychopath (Case MD-6) if he is unable to find another love-object that inspires him to work and struggle. Under such conditions he is actually functionally inferior to other competing young men. Feeling that all hope of finding love is lost, he is forced by the ungratified affect to waste time and energy in reminiscent brooding, hence, inefficient work.

When the mother's second marriage is also unhappy, the son may become a bitter feudist if his mother tends in the least to depend upon him for protection and sympathy. If she can not quite go this far he leaves home as a wretched wandering hero or runaway boy (in the reverse family situation the girl wanders) and often enlists in the army or navy to fight.

The presence of the second and third son, or son and daughter, or several sons and daughters, greatly complicates the situation in a poorly balanced marriage, but by diffusing the attentions of the parents and the child the latter is often saved. Competition for affection may occur between the children of any intellectual level, including twins as well. The favorite son of the virile father becomes virile largely through the influence of the father wishing him to propagate his name and family honor. Whereas, the attached son of the dutiful, suffering mother becomes effeminate because he is not allowed to make virile, competitive self-assertions. When he does attempt it the affect struggles so flagrantly for the mother's love that it competes with the father and is instinctively attacked, or unjustifiable incestuousness comes into the foreground. Often, however, religion, art, music, or science, as the means of sublimation and contention, obscures the nature of



Fig. 9.—(See opposite page for description.)

the mother attachment sufficiently to make it acceptable to society. Nature, however, can not always remain satisfied with the love song to the subconsciously enshrined mother. Incestuous dreams, indicating the trend of the affect, cause depression and anxiety. The ministry is often adopted to refine the mother attachment, and earnest prayers succeed frequently in sublimating the mother love. This solution is more likely to occur when the mother, not satisfied with her husband, because of her own childhood attachment to her father, converts her son into a minister—thereby restoring the image of the holy father. Vigorous girls, having strong affections for their fathers, often marry elderly men and may or may not be persecuted by the vague awareness of their incestuous feelings. When incestuousness frightens a woman, and she reflexly tends to distort her affective interests in her family in order to escape, her husband becomes dissatisfied, because she can not help but neglect him.

In one family, composed of a well-educated young man and woman, the husband became seriously depressed for a year following the birth of a son. The wife was frankly disappointed in her husband's lack of manly self-assertiveness. He had been somewhat depressed by the dominations of an employer, and still earlier, by his family's resistance to the marriage, but when his wife

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Fig. 9.—Java Temple and Legend. (Published by permission of Asia Publishing Co.)

The Java temple (Buddhist) serves as the setting for the three stone statues in the dim half-ruined interior. The middle and larger one is remarkable for its position. Buddha is usually represented in a kneeling or sitting posture; this image is seated on a stool with both hands held as if in prayer. There is a popular legend to the effect that the middle statue is Prince Dewa Kosoumi, and the smaller statues, his wife and daughter.

Once in the fabled past there dwelt a great prince, Dewa. His illustrious reign was bright and unclouded until the pearl of his heart, his two-year-old daughter, was stolen by a revengeful courtier. Everywhere he searched, but he could not find her. His sorrow, like all sorrows, was assuaged by time. At the end of twelve years he fell in love with a very beautiful girl and married her and a child was born to them. The villainous courtier now appeared and told Prince Dewa that his wife was no other than his kidnapped daughter. The prince was horrified and wished to atone for his unconscious sin. A holy man was consulted. He said that the sin would be forgiven only on condition that the prince would construct a temple at Boro Budor in ten days. All the artists and workmen in the country came and worked with frenzied enthusiasm to save their king. The great temple, with its galleries and hundreds of images, was completed within ten days. But alas! One image was missing. The gods in anger turned the prince and his wife and daughter to stone.

The legend of this attachment of father for daughter has its counterpart in von Stuck's painting of "Der Sphinx" (see Fig. 27), showing the attachment of mother for son. The Oedipus tragedy of Sophocles portrays the attachment of son for mother and hatred of father, whereas the crucifixion (La Pieta) shows the attachment of son for mother and his submission to the father.

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neglected him in her devotion to the infant son, he regressed into a helpless, suicidal attitude. A serious affective conflict developed between the two. Unfortunately, this became further aggravated by the wife's mother supporting her daughter rather tactlessly, both being disappointed because the husband was unable to welcome his infant son. The husband and wife were both sincere and quickly effected a wholesome readjustment upon the development of insight through a psychoanalytic study of the situation. The father readjusted and became fond of his infant son, making a fine beneficent transference to him, and returned to work with enthusiasm and efficiency.

The foundation of the Oedipus or Electra complex, as the psychopathologist meets it in his practice, may be shown to rest in one or the other of the parents. The parent that cultivates the affections of the child *conditions* it so as to please his own affective cravings. He is often devoted to the welfare of one child and heedless of the future of the other (Case HD-1). This occurs because most parents have absolutely no insight into the affective mechanisms that develop the personality, either in themselves or the child. Parental influence becomes particularly *vicious* and difficult to reconstruct wherever the parents have succeeded in disguising and justifying their secret pleasure with pretext and subterfuge. No matter how flimsy this may be, they adhere to it most tenaciously when it hides pride, envy, jealousy, sloth, gluttony or dishonesty.

Case CD-2, p. 572, shows how a vigorous, affectionate girl, who had a strong father attachment, married a divorced, middle-aged man, an obvious father substitute, despite the objections of her family. The marriage was a disaster and after two daughters had reached adolescence, a divorce was procured. This sincere, well-intentioned mother, struggling against her sexual needs, succeeded in belittling the male as an attractive object for herself. But, more seriously, in order that her daughters should not be self-willed and make impulsive marriages, which she always felt she would not have made had her father frankly objected, she assiduously cultivated an absolute dependence upon her advice in both of her daughters. The oldest daughter married a man who was pleasing to her mother largely because the mother believed she could influence him. This later became unsatisfactory

because the husband began to feel the necessity of being independent of the mother-in-law and urged his wife to assert herself in order that she might develop the "attitude of a woman." Despite the mother's disappointment they established themselves in a neat secluded home which was relatively inaccessible to her suggestions. Upon the daughter's third labor, because no maid could be obtained in the emergency, the mother had to take charge of the house. She simply could not refrain from resuming her old domination of the family. Her daughter repressed her anger upon her husband's influence and submitted to the mother. During the convalescence, following a sudden conflict with her mother, she passed into a psychosis in which she became crucified as a hermaphroditic Christ—becoming both male and female in that she believed she was masculine sometimes and feminine at others. Following the patient's recovery this family situation was fairly well readjusted after repeated conferences with the wife, husband and mother.

An infantile mother, suffering neglect and yearning for a protector, may influence her daughter, if the only child, to develop masculine traits of personality, and when she matures she continues to be aggressive but homosexual. Because of her conditioned affective cravings she in turn can only be happy when she is the dominating member of the family. She becomes a type of personality that is unable to understand her husband if he does not become submissive. Another type of woman unconsciously cultivates submissive tendencies in her son or daughter and tends to dislike their virile affective compulsions when they begin to show. She excuses her selfishness with the feeling that she must keep her child out of dirt and mischief and make it obey. She makes "a girl" out of her son by keeping him unduly long in dresses, keeps his hair long and curly, and adds an "ie" to his name: as Frankie, Willie, or gives the boy a name that may have an effeminate sound, as in Case PD-35. The mother of this patient did not love her husband and tried to develop effeminate traits in her son, naming him "Lawrence," keeping him dressed like a girl, hair long and curled and manners gentle and shy. Such men tend to marry aggressive elderly, "manly" women if some influence does not give them insight and cause them to strive to overcome the submissive affective trend. If they have some in-

sight, they turn heaven and earth to win their manhood and hate to the killing point the unwise mother.

The homosexual father, who is not averse to his homosexuality, tends unconsciously to cultivate such reciprocal homosexual traits in his son as please him most. The father who is afraid of his homosexuality and strives to compensate by developing all the masculine traits possible, hates the parent whose influence he believes made him homosexual, hates the dissatisfied wife who, he feels, must surely be disappointed in him, and suppresses his son's spontaneous virile expressions because they emphasize his own inferiorities and influence him to resume his old submissiveness.

Frequently, a debilitating disease, such as infantile paralysis (Case PN-6), justifies the temptation of the mother "to raise her boy like a girl." Her tears and sympathy destroy his aggressiveness and self-reliance and he becomes so conditioned (pettish) as to be unable to compete with men honestly. He either resorts to trickery or depends upon soliciting pity.

A flirtatious father or mother may keep a family of children in an incessant turmoil, and, wherever one suffers anxiety or jealousy because of the illegitimate fancies of the other, the children are drawn into the miserable situation, and its effects upon their school record can be easily seen. *When a child, having an average capacity to learn, begins to fail and no physical lesion exists, either a sexual trauma is disturbing the thoughts of the child or a serious affective conflict is raging between the father and mother.* When parents arrive at the admission that the only thing that prevents a divorce or separation is the welfare of the child, the child, having subconsciously for the parents, the value of being an prisoner of their affections, soon begins to feel that it is unwelcome. Parents usually deny such feelings, but the psychopathologist, by comparing the attitude of parents who are genuinely happy with their children, with the manner in which irritable mismated parents censure and "pick on" their children, can rest assured that the child is being slowly, insidiously ruined, because it is the bond that represses vital yearnings. *Most of our chronic lawbreakers and asocial adults, thieves, pimps and prostitutes, whether mental defectives or not, are chronically asocial in their tendencies because of the pernicious influence of mismated parents or the hatred of the adults who raised them.* It is far better for the child to be

raised under the consistent influence of one parent than to be distorted in its emotional reactions by two people having conflicting tendencies. It is not amazing that the affective needs of an unsophisticated child should be ruined by the conflicting wishes of parents, since highly trained adults become confused and inefficient when their employers become incompatible and demand conflicting kinds of work.

The study of the sexual and social behavior of infrahuman primates shows that the male and female young, as they mature, tend to compete with the adult males and females, including their parents, for each other's affections. Similarly, a son of the genus *Homo* will naturally compete with his father for the affective favors of the mother, and the mother and daughter compete for the father's favors without being aware of its significance. The sex regulative laws of society indicate that somewhere in the evolution of the higher primitive man, the older males, as their physical powers weakened, were forced to protect themselves from the incestuous cravings of their more vigorous maturing offspring, for two purposes, personal safety and control of influence in the family alliances (as the subordination of son-in-law or daughter-in-law).

The resistance of the parents, forcing the young to withhold the fulfillment of their childhood wishes, influences them to create substitutes which are necessarily more or less beneficial to society. These productions often constitute art, science, invention, etc. (See Freud's Analysis of Leonardo da Vinci. Also the origin of Darwin's inspiration, Chapter VI, and the perpetual motion machine of Case P-1.) Within the historic age a growing social censorship has developed which has its formulation in the laws of the church and state, as well as in the attitude of the family, whereby the sexual cravings of the offspring are forced to seek a satisfactory love-object outside of the family, and the youth, in turn, jealous of his rights, insists that the parent shall not transgress beyond the family.

The social resistance has increased since the ancient conflict between father and son for the mother, or between two sisters for the husband of one, or two brothers for the wife of one, or two sons for a mother. The adult female as well as the child was regarded by some peoples as having no rights or soul and was

bartered by the strong. Violation of her was not a crime. Now society maintains laws to discourage intrafamilial intrigue. This is a frank recognition that within each civilized male and female there may possibly become active cravings that care for the sexual object without regard for any social implications. Therefore, in some states, it is specifically prohibited by law for a man to marry his grandmother, grandfather's wife, wife's grandmother, father's sister or mother's sister, mother, step-sister, wife's mother, wife's daughter, grandson's wife, wife's son's daughter, wife's daughter's daughter, brother's daughter or sister's daughter.

Through forcing the affective cravings to go outside of the family in order to exercise sexual selection, society has been enormously enriched by the intermarriage of families and the contributions for esteem made by the individual competitors. The individuals must demonstrate their initiative, charm and potency by their creations in order to win the affections that are generally bestowed upon the fittest. Hence, each individual's method, through profiting by the experiences of others, tends to become more and more efficient and intricate, and the creations that best suit the affective needs are retained while the others tend to be discarded.

Wherever parents are happily mated the influence of one upon the other arouses strong cravings to immortalize and perpetuate the comfortable affective relationship by extending it through the offspring. Hence, their consistent attitude, creating a distinct atmosphere in the home, unconsciously arouses and conditions strong, consistent wishes in the child which determine its behavior later, as an adult, if it finds that its methods bring it happiness and esteem from its social group. If the family methods are "old fashioned," or the religion is "unreasonable," the youth may suffer and revolt. The parents who are really dissatisfied but "keep up appearances" *must* have a confusing influence upon their children because the affections, disguised behind the effort to keep up "appearances," subtly influence the child so that its capacity to socialize its affections becomes confused.

The heterosexually conditioned father or mother, who is not satisfied by the mate and cultivates the love of one of the children, may develop vague, incestuous fantasies for this daughter or son. This will surely arouse, reciprocally, a vigorous incestuous craving in the child. This incestuous craving in the daughter, when it

is not well sublimated in womanhood may become satisfied in the psychosis by the fantasy of being a *heavenly bride* and the prostituted sexual object of the omnipotent father. This often becomes extended to include all men as omnipotent *man* (Case HD-1). This mechanism also indicates the genetic origin of the chronic

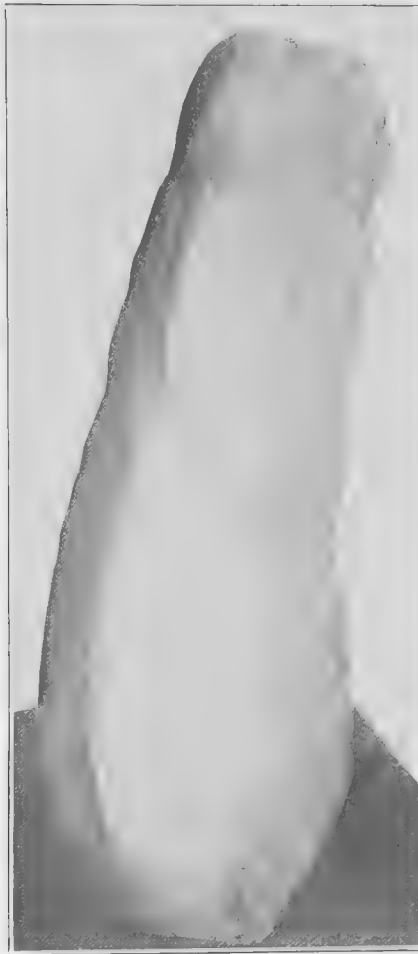


Fig. 10.—Costa Rican prehistoric ceremonial statue of erect phallus as a God to popularize reproduction. (Permission of the National Museum, Washington, D. C.)

wish to be a prostitute. Prostitutes have a favorite song in which they delight in calling their patrons “daddy,” and also refer to the penis as “daddy,” a form of phallic worship. One patient fancied the penis as a god “that stood up like a little man and

wore a crown." See the erect Costa Rican phallus as a suffering god. Fig. 10. Prostitutes often delight in being held as helpless sexual slaves by some man who uses their money; also a very common fantasy in the erotic psychoses. Many of them are not only seduced in fancy by a relative, as they cohabit with men who re-



Fig. 11.—"Pygmalion and Galatea," by Rodin. A subtly disguised form of phallic worship which has tremendous influence in popularizing and refining the sexual interests, thereby insuring the race against autoeroticism, prudishness, prostitution, perverseness, and suicide.

mind them strongly of their fathers, uncles, or brothers, but vice investigations have shown that many prostitutes have actually been seduced by their fathers, uncles or brothers. It also is to be considered that the lower the mental capacity of the female, as the

imbecile, the less she is able to sublimate her attachment to the male that clothed and fed her during the preadolescent stages if she has not been carefully trained to make a religious conversion.

Some women have strong sexual feelings for their sons which they are not quite able to disguise. This may be seen in the manner in which they show their affections and coyly display themselves to their sons more or less undressed, find excuses to travel and sleep with them, but avoid their own husbands (Case PD-36). Gradually, a vigorous incestuous craving is developed by this play. By an adolescent boy these privileges may be enjoyed until the disgust of others opens his eyes to the significance of his secret behavior and wish. Suddenly, the mother finds he has developed an "unreasonable" impatience and hatred for her (Case PD-35). Other boys, who have been similarly raised, may not become influenced to repress the incestuous craving, but use it during adolescence for the masturbation fancy and later promiscuously patronize houses of prostitution, seeking one type of girl, then another, to fulfill the fancy (Case PN-6). The obese matron of the house of prostitution is commonly addressed as "mother," and the family circle is completed by the girl's calling the lonely boy "daddy," "popper," etc. The opposite solution of the incestuous attachment is to be found in the hyper-conscientious neurotic and religious fanatic who strives to get everything free from sexual cravings because his incestuous tendencies, dreams, etc., horrify him. The father or mother, who has such ascetic tendencies, tends to ruin the child by training it to feel that his sexual functions are degrading.

It seems that parents who have incestuous interests in their own parents, when not afraid of themselves, are inclined to have incestuous affections for their own children. The parents who are happily mated, having satisfactorily adjusted their preadolescent attachments to their own parents, seem, also, by their example and general attitude, definitely to condition their children to have strong, well-defined affective tendencies to sublimate and mate well. Such children seem to know quite clearly what they love most and what they can not like, and, if the children are not imposed upon by some domineering, well-intentioned adult, as a homosexual or prudish teacher or relative, or are not exposed to

pernicious companions, they become vigorous, ethical, constructive members of society.

A well-conditioned father or mother, upon the death of the mate, because of loneliness, may unconsciously cultivate the affections of a daughter or son with such insidious eagerness that the youth willingly becomes the love-object. As it matures, it finds all its constructive dreams are centered upon ultimately giving this parent happiness. Youth often becomes blindly consecrated to the selfish invalid or aged parent and when the parent dies, this son or daughter faces loneliness and anxiety with little chance to find a love-object. If this person then seeks for sympathy too persistently from a relative or neighbor, he becomes a burden. Our asylums contain many unmarried women who became incapacitated after the death of a dependent parent (Case MD-2), as well as the more common types who give up upon losing a fostering parent.

Some of the most serious feuds between individuals for honor, esteem and favor occur between sons or daughters. Avoidance of this depends *entirely* upon the insight of the parents into the struggles between their children to become the favorite child and the tactful manner in which they convince each child, not only by what they say and do, but also by the manner in which they unconsciously act, that they have no favorites. The psychopathologist must bear in mind that it will usually be claimed by a parent that *all the children are treated alike*, but as an actual psychological fact no parent is ever able to consistently treat any two children alike, because the children themselves are not inclined to act alike, do not have identical attitudes or social positions and do not require the same attentions under the same conditions, nor while the parent is in the same mood. Variations in the attitude of parents to children usually have a trivial beginning, such as an injury or illness, a triumph in school, an aptitude, a physical attribute, particularly a feature, such as the eyes, hair, voice, figure, etc. One child may result from an accidental impregnation whereas the other was sought.

Charles Darwin derived his inspiration to study biology and the secrets of nature from his mother. She was, in turn, greatly influenced by her father-in-law. Her grandson, Francis Darwin, also became a biologist. Charles Darwin, in his old age, was

pleased to think that he became his father's favorite child. Most parents are unable to avoid *unconsciously* showing favoritism, and some of the children reflexly become inspired to strive for this favor while those in a disadvantageous position brood or become jealous and regard themselves as relatively inferior and unwelcome. The favored and censured children vary enormously in their working and learning capacity, and their affective interests. The feud of Cain and Abel is the classical fantasy of this rivalry. We often see children suffering from fear that a brother or sister or parent will die, be killed or kidnapped because of the unconscious wish to get rid of the rival.

As a general rule, either the first, second or last child, providing none of the series of children happen to be born at an unwelcome period or as the result of an unwelcome pregnancy, becomes the favorite child during its infancy. The last child, like the only child, may be seriously spoiled by the indulgent yielding of the parents to his wishes, or may be seduced into remaining a "baby" by the persistent "babyfying," petting and general attitude of the father or mother, brothers and sisters. An affective conditioning results, which may seriously incapacitate the compensatory powers and social ingenuity of the babyfied or "spoiled" child.

The oldest child of happily mated parents enjoys a year or two of perfect living wherein the father and mother constantly seek for its favors. It becomes a monarch in which every wish is satisfied, then, suddenly, its little kingdom is intruded upon by the birth of the next child who usurps the mother's most tender sympathy and her breast. Angry and jealous, it becomes irritable, hates the baby, and fights to subdue its parents. This is impossible and the punished child becomes a wanderer among the neighbors. It may even try to injure the infant by gouging out its eyes. If it becomes independent, the child compensates for the disappointment of the lost attentions, and learns through experience that bright thoughts, funny remarks and ingenious playthings win praise from the parents. With the advantages of a year or two it finally outrivals the younger child and tends to keep it subdued by beating it in games, in school, confiscating its playthings, thoughts, creations, etc. This continues in the school and college, and shows in the eagerness with which one child strives to beat the record of the other.

Parents and teachers, who indiscreetly hold up "first" and "best" and "prettiest" as incentives to greater effort in children, most cruelly subject the defeated children, of which there are many for the one triumph, to a most depressing, humiliating pressure, which gradually forces them to avoid competition and submit to the superiority of the favorite. The immunizing attitude of indifference or insincerity is finally adopted by the weaker children. The conquering or potent child becomes independent and aggressive, but, unfortunately, learns, with great difficulty, later in life, to assume second place, or a subordinated position when necessary. Its competitive, selfish spirit may cause it to become unpopular, particularly, if badly trained and lacking in courtesy, as in Case PD-35.

The second child may be so consistently discouraged by the conquests of its stronger, bigger, older, brighter brother or sister that it remains "mamma's baby." When, however, it reaches adolescence, infantilism is not admired and it must abandon the old attachment and behavior. It now becomes fearful and jealous of the admiration that the rapid advance of the older child is winning from the parents, and, with a little encouragement, enters upon an intense struggle to beat the school record of the older brother (Case HD-14). Illness, a combination of depressing factors, such as the loss of a postadolescent love-object, the feeling of inferiority from the persecuting memories of an adolescent sexual trauma or autoeroticism, the death of the mother, failure in several courses of study, etc., may finally cause a serious depression and feeling of hopelessness, with regression to an infantile level and fanciful, hallucinatory compensations which are treated as realities.

The same tragedy may result when a son tries to beat an illustrious father, or a daughter tries to outshine her accomplished mother or older sister, in order to stand "first" in some particular person's esteem (Cases PD-35, PN-6, MD-6).

The study of the pathological manner in which parents and children disguise their *hatred* and *love*, shows how often the selection of associates, religious interests, family routine, clothing, favorite studies, vocations, costumes, household furnishings and the thousand and one things that make up the "atmosphere of the home" are determined by the suppressed affective craving,

using the qualities of the material as a vehicle for obtaining a gratifying advantage. The tactless, domineering father or mother, who can not direct the child to suit his or her wishes, and sends the child to a Bible class, using the threats of hell in the name of God to subdue the child into obedience, has usually not the slightest regard for its initiative or natural tendency to diverge from the parent. The tragic careers of various members of a family are often the climax of the life-long intrafamilial feud.

If it were feasible upon the declaration of a war actually to send all men over fifty to battle first, there would be no chance of declaring an international war. If the senile and arteriosclerotic males had to accept a pension and retirement from the younger males and females when a certain status of physiological deterioration developed, there would be no need for the younger people to struggle against the legal devices of economic oppression in the control of the arteriosclerotic males. Then no socialistic revolutions would be necessary. The arteriosclerotic, decadent male, feeling his loss of potency, compensates with those forms of thought and unmodified convictions which are successful in keeping the maturing males subdued. Their policies force the youths to oppose one another and kill each other off in the name of glory for the fatherland. The general staff of the German army was composed of men over sixty. New social or scientific innovations are readily adopted by the growing generation while traditions and precedents are sanctified by the arteriosclerotic.

Whenever an adult forces a child to do something or learn something against its wishes, without justifying his demand by inducing the child to wish to act, other than as a compensation for *fear*, the adult, whether a sincere, devoted parent or not, dulls the child's initiative and curiosity. Repeated experiences of this sort subdue the youth's aggressiveness, and opportunity is lost to his competitor, who, although he may have less inherent capacity, wins because he is better trained.

If the corrective influence of our religious and social organizations did not exist, it is quite probable that society would deteriorate into a trial and error method of seeking a satisfactory sexual life. This is the secret method used by people at present, considering their illegitimate sexual practices, and is an acknowledged cause of fear for the future of society by advocates of religious sublimation. As in all ponderous social problems, the solution



Fig. 12.—“The Courtesan,” by Rodin. (By permission of the Metropolitan Museum of Art, New York.) Showing anguish and regret at sexual waste. Compare with “The Martyr” by Rodin, Fig. 13.

must come through the general development of insight by the individuals of a series of generations. The invariable results of promiscuous affective indulgence, weakening the development of the personality upon the one hand, and the rigorous imposition of an unsatisfactory mating or sexual abstinence, retarding the growth of the personality on the other, constitute the two great parallel dangers that most healthy individuals must avoid in order to make life worth living.

Fortunately, there is now developing in prudish America, thanks to the insight derived from the analytical study of the individual's wishes, their genesis and influence upon the personality, a strong, common-sense tendency toward a more practical, less



Fig. 13.—“The Martyr,” by Rodin. (By permission of the Metropolitan Museum of Art, New York.) Showing agony at uncontrollable, ungratifiable sexual cravings—a martyr to social conventions and virtuous ideals.

repressive system of education. Out of this should come a frank recognition of what constitutes a normal constructive sexual life and what constitutes a destructive sexual life, and how one is to be sustained and the other avoided.

### Summary

Because the autonomic-affective cravings, in the child, *always* become *conditioned* through the influence of associates, particularly the adults in the family, and each experience conditions the affections so that they determine the adjustment to the next

experience, it becomes necessary to study the family wherever a psychopathological disposition is met with in an individual.

Every personality constantly struggles to satisfy its wishes.



Fig. 14.—“In the Garden,” by Brush. (By permission of the Metropolitan Museum of Art, New York.) The contentment of a normal biological career.

The wishes, whether repressed or not, incessantly strive to get from another individual such contributions of affection and material as best satisfy their needs, and they discourage such inter-

ests in others as displease them, no matter what their nature or origin. If "unfair" or "unjustifiable," a compensatory controlling wish may be developed that compromises the demands so as to seem fair.

It must be expected that parents who take upon themselves the work of training children, unless they have most unusual insight into their own affective cravings, will train the children to gratify their own wishes and not the natural aptitudes of the children. It is the easiest thing under the sun for an adult to find a disguise for his wishes and induce or force the unsophisticated child to make affective adjustments accordingly. It may not be until maturity, when the son or daughter is compelled to struggle and compete for responsibilities, that the impracticability of the conditioned needs of his affective cravings and his methods of fulfilling them will bring on a desperate crisis and misery, or even a psychosis.

Whenever individuals come to the physician for advice and relief from anxiety which is caused by the tensions of repressed autonomic cravings, it is necessary not only to bring about an adjustment of the immediate difficulty, but, in order to avoid a recurrence, the *foundation* for the faulty attitude must be analyzed out. *This always, it will be found, has been established by the conditioning influence of associates, through actual experiences, upon the affective cravings of the individual.*

The natural course of the individual who has an average organic constitution is to develop a functional capacity that acquires from its world the material that gives it a state of *virility, goodness and happiness*.

If it can not adapt itself so as to attain this state, its affective requirements have been unfortunately conditioned through the influence of associates, particularly the adults who raised it.

I have been able to find that the happy or unhappy experiences of a great grandfather, conditioned him so that he, in turn, unconsciously, conditioned the affections of his children, and they conditioned their children, and so on to the fourth generation. Plenty of evidence can be found in almost any psychopathic family to show that an autoerotic manic-depressive mother's conditioning influence is a most potent determinant of the affective adjustments of her offspring during their maturity.

## CHAPTER III

### THE UNIVERSAL STRUGGLE FOR VIRILITY, GOODNESS AND HAPPINESS

*The incessant pressure of social competition, as well as the continuous metabolic needs and the cravings determined by growth, require that the capacity for virility must be consistently maintained, if the state of goodness and happiness is to be approximated for even intermittent periods.\**

The perfect state of existence is certainly not one of complete satiety, the very thought of which is as nauseating as overeating, but is one of freedom so that the autonomic-affective functions can work, with some degree of certainty, for gratification as well as the progressive refinement of their methods of working in order to keep up with competition. The nature of the biological struggle of the individual is determined by what the wishes or autonomic cravings need in the form of stimuli and what the social environment offers. The problem thus reverts to the *conditioned* qualities of the autonomic cravings, and, since this conditioning can only occur through experiences, it emphasizes the influence of associates (family, school, community, race).

The reading of the case histories, to be presented later, will show essentially that the foundation of the personality is established by the manner in which the autonomic cravings are conditioned in childhood and adolescence, the nature of the autonomic cravings (considered in a biological sense) and their manner of

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\*It is perhaps well to define what is meant by *virility*, *goodness* and *happiness*.

*Virility* is the capacity of the autonomic apparatus to compensate, when environmental resistances tend to prevent the fulfillment of its wishes or needs, so as to overcome the resistance and so modify the environment that it will gratify (neutralize) the autonomic cravings. True virility applies not only to the mating competitions and overt sexual functions of the individual, but to his ability to coordinate his functional resources into a means (vocational) so as to win the esteem of his love-object, overcome competition, and maintain a relatively influential social place in the community, or clan. Indifference, timidity and inactivity are conducive to loss of social esteem. Fear of becoming socially inferior stimulates the compensatory striving.

*Goodness* is a state of feeling that is aroused when the act or sequence of acts gratifies those wishes of the individual which promote his own career (egocentric) as well as the wishes that promote the interests of the race (altruistic); the race containing the love-objects, gives rise to the necessity of being esteemed by the race. In the struggle against perverse cravings, the effort to establish the feeling of goodness is often extremely eccentric and may even become asocial. This idea of goodness is biological and not puritanical.

*Happiness* is felt as the autonomic tensions, becoming gratified, permit the striving postural tensions to change to comfortable tensions; as in the vigorous pursuit of a solution or result when we feel confident of final success, in contradistinction to the heavy sense of depression when a cause seems hopeless.

adjusting to one another, determining the individual's struggle with the social resistances and conventions of the race.

The following biological principles may be advanced as *absolute* rules of the game which the individual is predestined to play in his struggle to develop virility.

(1) Use of organs and their functions is necessary to prevent the atrophy of disuse and their impotence; and regulation of use is necessary to avoid eccentric development and social inferiority.

(2) Social opportunity for use of functions and organs must therefore either exist or be created for the individual by the members of the group and the individual himself.

(3) Fear, if not compensated for, tends to prevent the use of those functions and affections which entail responsibilities that the individual dreads.

(4) Autonomic cravings that can not be gratified cause uncomfortable visceral and postural tensions (neuroses) which tend to force the individual, in order to obtain relief, to strive to obtain gratification. He usually becomes forced to repress the craving if the taboos and conventions of society are severely critical of it or if his restraining obligations are impassable.

(5) The conventions of society are, essentially, designed by social groups to control the affective cravings of the individual. The individual must suffer if the autonomic cravings have been conditioned through experiences to need that which happens to be tabooed by his associates whose esteem he wishes to retain.

(6) When his cravings are uncontrollable and intolerable a psychosis develops to give relief.

The demented functional psychopath is the victim of autonomic cravings which have destroyed his interest in society by overcoming and distorting the affective needs for social esteem.

The perverse cravings often run a rampant career in the asylum and prison and it will be seen that suicide is the final surrender of the struggle for virility and a regression to the prenatal affective state.

Society tends to conserve the energies and conventionalize the wishes of the individual in order that the interests most common to the group will be assured of gratification. The majority regulates the behavior of the minority in order that the wishes of the majority will be served. The individual, on the other hand, strives

to make the social group establish interests and customs which will permit him to gratify his own autonomic cravings. Society is *not* safe (the martial history of the world shows this) when it is forced to follow the dictations of one individual, of one autonomic apparatus, no matter how splendidly and altruistically it may be conditioned. It seems to be impossible for the individual to prevent the craving to aggrandize himself from working for the personal reflections to be had from the indirect implications of his laws and exhortations. Hence, the republican, the democratic, and the socialistic forms of society consist of defenses or restrictions against this fatal self-aggrandizing, autonomic tendency of the individual, which has reached its highest formalizing influence upon society in the absolute monarchy and papacy, and the fostering of autocratic exploitation.

The problem for the psychopathologist is always one regarding the individual's affections *versus* society's welfare. The problem begins with the autonomic apparatus at its birth, the predestined nature of its biological career and the molding it undergoes through the influence of associates, with, finally, at maturity, the autonomic cravings struggling with social conventions.

Males and females are obviously *bisexual* in their organic and functional attributes, with, at birth, an almost equal balance of masculine and feminine (*assertive* and *submissive*, or better, *projective* and *receptive*) functions. The preponderance of traits, however, tends to shift rapidly, the social influence being equal, as competition contrasts their organic differences; such as size and contours of bones and muscles, the lever angles of the elbow, shoulder and hip-joints for fighting, grace and beauty, color of eyes, hair, skin and the pitch of voice for attraction. The organic basis however, does not seem to be as influential as the functional traits which are developed through the encouraging and repressive influence of associates. This fact is to be observed right and left in any social group where one may see delicate women who are indomitably aggressive (*projective*) and powerful women who are chronically submissive and receptive. Similarly, beardless men are to be seen who are socially and sexually potent, always *projective*; and men of ponderous masculine organic construction who are as timid, submissive and receptive as the proverbial girl. The general tendency, among animals and men, it

seems, is for the aggressiveness or submissiveness of individuals, who are opposing one another, to be reflexly determined in favor of the one having the more powerful bluff or more justifiable racial position. When the positions are quite equal, organic advantages decide.

In war, national morale is worth more than a temporary excess of cannon. The *simulation* of great size and power in order to intimidate the opponent is used by animals, as the erection of the dorsal hair, raising of the back as high as possible and making violent, roaring sounds. This method is also used by the genus *Homo*, classically portrayed in the thunders of the bully and the irate screams of the infant. These compensations do not occur when the individual is in terror but they occur as a defense against fear. The organic determination of behavior may be theoretically true for individuals having the *same training*, but, since individuals are practically *never* trained in the *same* manner, although by the same people (and outrageous intimidations and splendid compensations are very commonly induced through the influence of training or education), the influence of associates must be recognized as the decisive factor that conditions the autonomic apparatus to crave for, and do, the advantageous thing at the advantageous time.

The parents' or teacher's *conscious efforts* to train a child to do a particular thing, in a certain way, under certain conditions, have relatively less influence upon the child than the *unconscious manner* in which the parent or teacher attempts to train the child. This is merely applying the well-known truth: *It is not what is said or done that pains or pleases but the affective manner with which it is said or done.* As to how much parents or teachers are responsible for their affective tensions (attitudes) when in the presence of a child, is questionable, but the fact remains, nevertheless, that the influence upon the other person, of the affective interests of which we are unconscious, goes on whether it is recognized and admitted by us or not. This can be demonstrated in our selections of words, movements, attitudes, etc., while associating with other people. Some people unconsciously influence us to use dignified words and movements and greatly encourage us to build up while others depress us.

It is necessary to sketch the different stages in the growth of

the bisexual personality and emphasize the manner in which masculine, feminine, and racially perverse characteristics become differentiated, developed and fixed, or discouraged. This process, because of its intricate variations and the manifold influences to which the individual is subjected, is endless, but its more common principles must be understood.

The *wish* or *craving* (no matter whether it is hunger, love, hate, shame, grief, pity, or what not), *when permitted free play, always strives to expose its favorite receptor to appropriate stimuli in order to become neutralized, that is, to have its tension relieved through counter stimulation, and it always follows the law of trying to acquire a maximum of result with a minimum expenditure of energy.* For example, when we pity the depressed or unfortunate, we feel compelled to do things which will stimulate a certain attitude of courage and resolution in them. This attitude, in turn, as a counter stimulus acting upon us, relieves us of feeling pitiful and enables us to become happier. This law of adjustment most consistently and automatically assures, for the autonomic apparatus, the greatest possible use of its power for the most diversified and secure domination of the environment. It underlies and determines all organic evolution and functional variation. In proportion as a new coordination of functions, or an organic structure, can be more economically applied, the others are abandoned. This applies not only in the evolution of structures, such as the thumb and foot, but also to the use of vocal tones, accents, words, sentences, languages, customs, religious ritual, machinery, theories, and scientific methods.

Families, communities, and similar social classes have many similar traits, but the great variations that exist between individuals having quite similar organic equipment are due, principally, to differences in conditioning their autonomic functions through experiences.

Adults, almost universally, have quite different attitudes toward male and female children, and, although this may not show in a single incident of adults associating with children, taken throughout the day and in the innumerable, unconscious ways in which it is demonstrated, it exerts an enormous pressure upon the child's methods of becoming estimable in order to win love and admiration. This is not only to be seen in the masculine and feminine

toys and clothing urged upon children, but in innumerable pleas, flatteries, criticisms, commands of the parents.

Society's expectations are so remorselessly rigid that the little girl who is raised like a boy, or the boy who is raised like a girl, is foredoomed to live in a most uncomfortable, eccentric position which may finally amount to nothing less than a biological abortion. This socializing pressure upon the individual has its beginning with the infant's birth, and, by the time the child enters the school, it has already developed definite aggressive and submissive methods of gratifying its affections; and these, reflexly and reciprocally, adjust to the affectivity of its associates. When their wishes conflict, individuals reflexly take advantage of each other's inferiorities, fears and submissive tendencies, establishing affective circles that may become progressively vicious.

The growth of the personality may be divided into seven autonomic-affective stages, which, in certain respects, are profoundly influential upon the behavior of the individual. The stages, in regard to age, vary considerably in different children, being influenced by retarding diseases, accidents, and fearful experiences, as well as by the intimidating, fascinating or encouraging influences of associates.

The transitions from one stage to the other occur quite imperceptibly, but for the sake of convenience they may be differentiated for Americans as follows:

Intrauterine,  
Infantile, birth to 3;  
Preadolescent, 3 to 10;  
Adolescent, 10 to 17;  
Postadolescent, 17 to 22;  
Maturity, 22 to 45;  
Decadence, 45 to —.

During the *intrauterine period*, the autonomic apparatus lives an impersonal parasitic existence, probably exerting little influence upon its projicient apparatus beyond a tonic effect and the occasional compulsion of shifting of position in order to maintain comfortable postures. Upon leaving this affective state the infant is considered to have been "born." The feeling of having died or of being dead, which is so common in the psychoses, will be shown to signify, often, a regression to the prenatal state, and the

suicide has this affective value. (See illustrations Requiem, Egyptian burial and Isle of Death, Figs. 28, 29, 30.)

The *infantile* period is characterized by the utter helplessness and innocence of the autonomic apparatus as to the nature of its environment, and its vital dependence upon the good will of those who gratify its cravings. This is the stage when the autonomic functions begin to become conditioned to react with pleasant or painful tensions to the presence of characteristic stimuli, as the kind mother, irritable mother, sadistic or masochistic father, masculine, aggressive mother, effeminate, timid father, a jealous or cruel brother or sister, etc. Naturally, the cooing voice sounds and gentle smiles of the mother as secondary stimuli, at first having no influence, associated with the primary stimulus of the nipple and food, petting and cleansing, etc., soon condition the autonomic apparatus to react pleasantly to the presence of the secondary stimuli, and then to react to strange people who also give off stimuli like the mother. Likewise, the harsh voice sounds, rough handling, staring eyes and irritability of people become associated together, and, through their causing painful tensions, the autonomic apparatus tries to avoid the influence of individuals who possess irritating characteristics.

During the infantile stage, the autonomic apparatus seeks its supreme pleasure in sucking and emitting its excreta *without self-restraint*. Gradually, the wishes of those who administer to such needs impose restrictions upon these supreme segmental pleasures of infancy, through associating the fear of punishment in the form of physical injury or the loss of favor (esteem) with the indulgence. The first great tragedy is experienced when the sucking source of the food supply is stopped, and it is then that the foundation of the infant's belief that it is unwelcome is so often quite correctly fixed, or the belief that it is a foundling and the parents are foster parents. Mothers vary enormously, largely according to their understanding of an infant's affective reactions, hence, according to the degree of their love for the infant, in their ability to minimize the anxiety of the infant upon being weaned from the sucking stimulus. No doubt, as in all denials of affective needs, the gradual change is more easily accommodated to than the abrupt.

The soothing value of the sucking stimulus in the infant (sug-

gested by Freud) is due to the affective value of the oral zone as well as its association with the gratification of hunger. The intimacy of nutritional and sexual cravings is also illustrated by the Costa Rican Indian's sculpture (prehistoric) and Veronese's painting of "Mars and Venus," p. 126. The fear of having a sexual stimulus secretly put in the food, so often complained of by oral erotic psychopaths, is due, apparently, to the erotogenic influence of food and sucking upon the oral zone, which must obviously have some of its determinants in the conditioning influence of nursing.

The tendency to persist in sucking in order to relax or sleep, after hunger is gratified, and have "soothing feelings" (finger

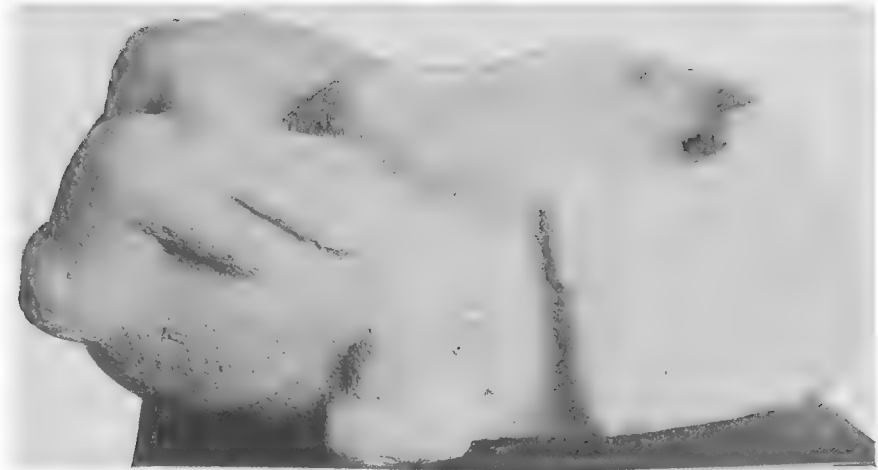


Fig. 15.—Costa Rican prehistoric ceremonial altar. Male figure sits between the thighs of the reclining female who is in copulation position. She holds a large platter on her bosom and abdomen, one edge of which fuses with the mons veneris while the mammary glands fold over the upper edge into the platter, symbolizing the circle of life—nutrition and reproduction. The heads of the figures have been broken off. The stone is exhibited in the National Museum, Washington, D. C. (Reproduced by courtesy of National Museum.)

sucking, pacifier, pipe, toothpick, fingernail and gum chewing), even at the expense of causing organic deformities, supports the conception that vigorous autonomic tensions are relaxed by the sucking stimulus.

The erotogenic value of some forms of kissing and the soothing value of others, as well as the fact of the unconquerable craving in the oral erotic for specific stimulation and its influence on his autonomic tensions, in a manner that is similar to masturba-

tion and copulation, surely explains one of the causes of oral perversion as a conditioned autonomic overvaluation in infancy of this sensory zone. This is not physiologically mystifying if we



Fig. 16.—“Mars and Venus United by Love,” by Veronese. (By permission of the Metropolitan Museum of Art, New York.) Showing like the prehistoric Costa Rican copulation stone (Fig. 15), an association of nutritional and sexual interests; also the sword, horse, satyr, tree, vine, old temple, armor, cupids, and knight as symbols associated with sexual virility.

consider that the sexual act is essentially a counter stimulus applied to a tactile zone to relieve general autonomic tensions.

Another source of soothing stimuli, if the behavior of the infant and the pleasant reminiscences of psychopaths may be considered as indicative of its value, is the cleansing of the pelvic skin areas after emissions of excreta. The emission of excreta, besides its segmental pleasantness, becomes the infant's most potent means of winning attention, particularly when lonely at night, if the parent is not clever at avoiding its use for this purpose. Many parents enjoy giving such attentions to infants, whereas others detest it. (One not uncommonly meets with hebephrenic anal erotic adult males and females who plead for cathartics and enemas to be given in the way that the mother or grandmother gave them.)

During the earliest infantile stage, the capacity for affective reactions of *hunger, love, rage and fear* is present (Watson). But a true personality does not exist. The autonomic apparatus now begins to coordinate its projicient (skeletal) apparatus into an instrument for dominating the environment. In this period of training, parents vary enormously from intimidating the child into doubting its coordinating ability, by cries of "watch out" and "don't" to encouraging it to try courageously and persistently, so that it will enjoy the effort almost as much when attended by failure as success. Disastrous intimidation may occur day after day in innumerable forms and often with such vehement excitement, upon sudden provocation, that almost at the onset of its existence *the personality is doomed to become unable to assume responsibilities without becoming unduly tense where failure may occur*, particularly if the emotional comfort of others is dependent upon it, not only in a business or athletic contest, but in copulation, as *ejaculatio præcox*. Upon the infant's development of sufficient functional skill, most parents, in order to be relieved of discomforts and distractions, wisely make the child take care of its own needs, particularly those pertaining to dressing, cleansing and feeding. This does not always occur, however. Some mothers strive to keep their children infantile forever and have been known to nurse their children for over three years and babyfy and sleep with their sons until after they had physically matured.

The enormous economizing of energy and time through the

child's effectual use of language (affective convergence upon the head segment) usually wins genuine praise. But some parents keep their boys and girls hesitating, whining and lisping. When failure to control the emissive impulses of the pelvic segment occurs, it is punished, more or less, by loss of favor with the parent.

The fear of losing favor and praise, later of esteem and confidence, and of being ridiculed and ignored, stimulates the autonomic apparatus to compensate by coordinating itself into an *egoistic unity* as a means of dominating the tabooed impulses of any autonomic segment, as rectal, cystic, gastric, oral, lachrymal. Up to this stage, the child is regarded as "it," as not having a personality until it begins to use sentences. Some children are not given a name until this stage is reached. This recognition is gradually bestowed upon the child as the compensatory strivings of its autonomic apparatus become integrated into a functional unity which, constantly on guard against doing something which will jeopardize its struggle for the love-object's favor, learns to use word-sounds to influence sources of gratification: asking questions, telling fancies, etc. As the social obligations become more involved, and necessitate the control of physical appearance and emissions, of hunger, anger, love, fear, grief, etc., the autonomic compensations that arise to prevent the fear of failure become increasingly intricate and more highly coordinated. Gradually the personality becomes more and more highly organized and capable, until it becomes recognized by name with the baby's suffix "ie," as "Willie"; but, later, if it has developed the capacity of convincing aggressiveness, the "ie" is dropped for "Will" and it earns the prefix "Mister," then, perhaps, "Sir," or "Honorable," and, finally becomes known as "Shakespeare," and his followers, as Shakespearean. (The hebephrenic type of dissociated personality, having yielded to the regressive affective cravings, often feels and complains that he has no name, no ancestors and no personality. One boy, anal erotic, tore his name out of his clothing and said he wasn't anybody but just a "shit pot." Case HD-11.)

The capacity to become conscious of self as a personality begins to be consistently maintained by this compensating unity (the *ego*) as it becomes able to control its asocial and unfriendly impulses and the socially perverse cravings and their compulsions

to be gratified. The tendency of the *ego* to lose control of the segmental cravings can be seen in the failures of the child to control the wish to steal food, to suck its fingers, masturbate, indulge in nocturnal enuresis, cry, scream, lie, bluff, fight, steal, etc.

The functions of self-control begin very early in the integration of the personality and are shown in the child's efforts to tell lies in order to disguise its inferiorities and wishes. The fluctuations of the ability to control dissociated impulses are still to be seen in the painful embarrassment of children of five to seven years who are occasionally unable to prevent the soiling of their clothing by the craving for emissions, and in the tendency to allow themselves segmental indulgences when the *ego* is depressed by illness, loneliness, etc. Naturally this weakness continues during sleep for several years after it has been mastered during consciousness and often is the source of a persistent feeling during maturity of being an inferior personality.\*

The compensatory integrations, as they become knitted into a unity, slowly develop the tendency to regard themselves as "I," "I will," "I wish," "I am," and the body as "mine," probably imitating the examples of older people. The "I" becomes the good boy and the perverse craving, the bad spirit, or bad boy. As the *ego*, or "I," matures and tends more and more to master and assimilate the individual cravings of different segments into its unity, by claiming them as a part of the personality, the conception of the bad spirit or influence, devil, etc., simplifies into a conception of perverse cravings or impulses.

With this conception of the personality as a physiological mechanism, it is obvious that the accumulating force of repressed cravings, or the weakening of the *ego*, through fatigue, insomnia, discouragement, toxemia, etc., might lead to a dissociation of the wishes or power of the integrated structure constituting the *ego* and, also, how the unsophisticated *ego* might regard the sensory disturbances caused by the repressed, dissociated cravings as being due to another personality's hypnotic influence; a form of reasoning common in sleep, psychoses, and illiteracy.

As the stage of infancy is left behind, the *impressions* of the omnipotent father and kind mother, and that divine, heavenly

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\*The psychoanalysis of tense people has shown, in a series of cases, that the tenseness is due to fear of making mistakes and being considered mentally inferior. The dread of mental inferiority in turn had its foundation in having been teased for not being able to prevent bed wetting and soiling clothing.

equilibrium of the intrauterine existence, become immortalized as God, the Holy Mother, and Heaven. The omnipotence of infancy is left behind to be sought for in another form during maturity. Many of the patients who believed they were seeing "God" were found, upon adequate examination, to be hallucinating their infantile impressions of the father. The infantile stage seems to terminate with the child's realization that it can no longer be a part of the mother's personality.

The *preadolescent* stage of childhood (three to ten) begins as the individual, now an embryonic personality, begins to compete with all the universe for the gratification of its autonomic cravings. Handicapped by its inferior organs and unskilled functions, it compensates for the deficiency with day-dreams, make believe, and magic, fairy fancies, bluffing, lying, etc., (the age of motor illusions). The natural erotic curiosity of childhood, blindly censured in almost every conceivable manner by prudish adults, is often forced to indulge in secret play. The polymorphous, imitative curiosity about the behavior of *parents*, animals, birds, insects, etc., and, particularly that which causes the most excitement, naturally, their sexual play, no doubt is of tremendous value as a dynamic influence for the acquisition of knowledge. It surely is necessary for the invigoration of the personality during its growth and maturity. Curiosity about the possibilities of finding pleasure in the environment is the grand acquisitive urge of the personality to understand and master the environment and the self in order to win and sustain the love-object and superiority. (Upon the half-recognition of the manifestations of the erotic functions in the child, there will no doubt appear moralizing educators, who, obsessed with wild fears of anything pertaining to sex, will advance further, biologically disastrous, educational schemes to castrate instead of refine the sexual curiosity of school children.)

During the preadolescent age, all children, if permitted to pursue a natural course of development, show, frankly, curiosity in all sorts of mechanical devices and sexually significant functions ranging throughout the demonstrations of nature; and, in this promiscuous quest, a convergence of the child's affections tend to become fixed upon things that enchant the love-object (as Darwin's mother's curiosity about the cause of variation in

plants). Around the solution of this riddle of the love-object will be developed the vocational career. But woe must befall the child who at this late age has no love-object to make it feel welcome and inspired.

The preadolescent child's curiosity is so unsophisticated that it is inclined to personify and consider secretly many polymorphous perverse objects in an affective relationship of equality to itself: such as animals, poultry, birds, insects, clothing, fetiches, mechanical devices, signs, mannerisms, etc. Boys and girls of this age amuse each other with all sorts of mechanical copulation devices, such as boring, with great hilarity, into objects with sticks; the breeding of insects and pets; the adoption of various mechanical devices and pets as the young of themselves in their play families. Apparently, this is the trial and error method of differentiating the unknown homogeneous universe into its heterogeneous values and discriminating the actually, biologically useful from the useless, the pleasing from the displeasing.

The convergence of interest upon the pelvis is almost infallibly certain, because of its pleasing sensory cutaneous zones, which are probably discovered through the emissions and by the accidents of play and clothing. (In regard to this, the early sexual play of the infrahuman primate is characterized by its trial and error method of experimenting, and is decidedly anal erotic and coprophilous.) The preadolescent stage shows remarkable progress in the autonomic apparatus' control of the striped muscle system and the development of skill in control of movement. Too flattering admiration of adults easily stimulates in the child an egotistical over-evaluation of the little successes and this may later prevent the true comparison of its personal resources.

*The stage of adolescence* (ten to seventeen) may be considered to begin with the definite convergence of the affections of the individual upon its pelvis in a manner that is associated with the use of love fancies about the personality of another. (During the preadolescent stage, experimental pelvic stimulation and relatively little *preliminary* fancy are used.) The practice of some experimental masturbation is almost universal during this age and is not to be considered harmful if not excessive, and if a narcissistic fixation does not occur. That is, if the adolescent does not become more inclined to enjoy secret sexual fancies, self-admiration and

self-stimulation than the seeking of a playmate and winning his esteem.

The stage of adolescence has a most critical influence upon the maturation of the personality. In order to pass beyond the stage of infancy, and know the physiological secrets of its nature, the child, it seems, must actually experiment with itself and learn the truth of its powers. This can not be adequately taught by reading or prevented by threats of disaster; it must be gone through with, and the less secretive the easier it is for the socialized *ego* to assimilate, control and refine these cravings. Society must, however, uphold the ideal of refinement and maintain adequate means for this purpose, not only in schools and churches, but in playgrounds, athletic games, artistic sublimations, etc.

My cases indicate that the children who masturbate alone and carefully maintain the habit as a secret have by far the most difficulty in mastering themselves. The cause is almost obvious, mechanically, because the wish to be socially estimable tends to hide the inestimable, particularly the socially censured craving and its fancies. Therefore, the latter tends to remain a distinctly dissociated, unmanageable segmental craving which periodically dominates the *ego's* wish for self-control. Any force, to be controlled, must be intimately associated with opposing forces, and this physical law, not being followed, lays the foundation for the failure to control the eccentric erotic craving in maturity.

It is almost a consistent feature of psychopaths who are addicted to masturbation, to complain, during the psychosis or erotic compulsion that they have destroyed everything in the world worth living for, particularly those they should love most. We see them pacing the floors, weeping and groaning, wringing and scratching their hands, pulling their hair, beating their faces, (even sometimes amputating organs, castrating themselves, or committing suicide) as a result of the terrific anxiety they suffer from the fact that they have ruined their feelings of worthiness for love and esteem, and have *wasted* the vital forces of nature through self-love and masturbation. (See Rodin's "Centauress" and Michelangelo's "Captive," p. 372, 374.) It is also a surprisingly consistent mechanism, though probably not a universal one, that the adolescents who have mutual sexual interests which are rather freely discussed with adults who understand them, have far less difficulty

in finally affecting the transition (transference) from indulging in secret fancies about the attractiveness of members of the opposite sex to actually striving to win their esteem and affections through overt competitive behavior. This transference of affective interest is *vital* to the growth of the personality, for it leads directly to projecting the energetic resources so as to fashion and master the world to suit the craving; whereas, the self-loving, fanciful autoerotic individual cares little for the world except to be aggrandized and otherwise left alone to dream and brood, even though he later becomes eccentric and scoffed at and finally socially ostracized or confined in an asylum. The autoerotic's fancies, as vivid, inexpensive pleasures, are as stimulating to him as the worldly reality is to others.

The difficulties some of my cases had in mastering the autoerotic tendency, and the ease with which it is mastered by healthy individuals, strongly indicate that the vigor and persistence of the autoerotic cravings is greatly influenced by the intimacy of the person who becomes the subject of the fancies, even though that individual does not suspect the nature of the influence. That is, when the subject of the fancies is the mother or sister, the boy has more difficulty in mastering the masturbation pleasure than when it is a girl neighbor. Also, the more the autoerotic fancies are shared with playmates (not one playmate) the more quickly they lose their value. This is also true for other fascinations and causes of worry.

The autoerotic difficulty has another influence besides the pernicious seductiveness of the fancies, i. e., self-love resists making the *sacrifices* necessary for heterosexual love, and is, for this reason, regarded by the race as an inferiority. Furthermore, when self-love becomes too strongly fixed in adolescence, the individual can not free himself during maturity, even after mating. The overdevelopment of autoeroticism usually depends upon the suppressive domineering influence, during preadolescence, of the more powerful, skillful rival, the father or older brother, and for the daughter, the resistance is in the jealous, prudish mother, aunt or sister. The father, especially, when he does not love the tendency towards maturity in the son and selfishly loves to remain as nearly omnipotent and domineering as possible, directly, indirectly, or unconsciously, attacks and suppresses the spontaneous attempt of the child to win the mother's admiration and esteem. Through becom-

ing her hero in the home, at school and on the athletic field, he tries to fascinate her if she loves him. The older rival belittles these serious adolescent attempts and the affect becomes fixed at the autoerotic level unless some other influence accidentally comes into the life of the individual, as a master encouraging his apprentice to become proficient and win love and win manhood.

*I have never known an individual, who had fixed autoerotic or perverse cravings, whose history showed that he was treated in his childhood like a true personality when conflicting with his parents.* Most parents seem to suffer from sexual phobia, that is, their fear that the child might inquire about or discover their own sexual secrets (of adolescence, particularly) unconsciously forces them to protect themselves against the danger of embarrassing questions by severely tabooing everything pertaining to sex. The child is therefore forced to answer its curiosity by accepting the hopelessly erroneous conceptions and wild, frivolous fancies of other children, or rely upon its own imagination and experiments (Case CD-3). This tendency will be seen throughout the more intimate case histories to be given later (particularly Cases HD-1, AN-3, CD-2).

In order to overcome the opposition of the father, boys often elope from home to become chronic wanderers or engage in fierce feuds with him. (See Barye's "Theseus and Minotaur in Battle," Fig. 17. The value of this myth is interesting when the bull is seen to symbolize the oppressive father.)

The *postadolescent stage* (seventeen to twenty-two) begins to develop as the personality predominantly seeks the realities of the love object and converges its interest upon the sexual career of another of the opposite sex in a manner that is designed ultimately for reproduction of self. The moment that this transition begins, boys and girls tend to become serious rivals for overt demonstrations of the esteem of members of the opposite sex, particularly of their own age.

This necessitates courageous competition, steadiness, and self-control in trials, and willingness to suffer from defeat as well as to enjoy the glories of victory (the heroic age of athletics and self-conquest, and writing and reading of romantic literature). The youth who tends to seek the esteem of a person considerably older (teacher), or younger, or of the same sex, is usually *afraid* to enter

the general competition. My cases of anxiety at this stage quite consistently showed that the attitude of a *parent* or *some sponsor* was the responsible resistance that made it almost impossible for the son to compete, because his diffident, self-conscious, self-repressive tendencies had been already too thoroughly established. A mother taught her son not to fight; "to fight is *always* wrong," and the father had no confidence in his son's powers for competition. Fearing the reflections upon himself of the failures of his "sissified" son, he refused to give him any support. This man, age twenty-six, although he felt that he was practical in his social and business impulses, however, could not proceed upon his own initiative because he had been trained "always to ask father," or "ask mother," etc.

In the postadolescent age, parents, having sexual phobias and egocentric interests, actually plot and scheme to send the boy or girl to intimidating teachers, colleges, and training schools. They seek the advice of "*authorities*," priests and physicians, and actually beseech them to admonish the youth to heed the interests of the parents at any cost to the vital yearnings of life. The fear of pain, of being considered functionally inferior, clumsy or stupid, the intimidation and lack of initiative and self-reliance soon make such boys or girls unable to demonstrate their biological fitness to the love-object and force them into progressively pernicious affective circles.

The inclination to exhibit through tales of prowess in all sorts of competitions (athletic, business, scientific, professional, etc.,) is nothing more than a refinement of the lower animals' exhibitionistic mannerisms when trying to win the choice of a mate or a place in the herd. This attribute may be seen among birds, insects, animals, and seems even to be present in fish.

In one instance, a splendid type of postadolescent girl was literally in a mortal struggle with her domineering, infantile mother and jealous father to free herself from their restrictions in order that she might become an independent personality and choose her school, companions and career. A young man, an only son, having a splendid physical and educational equipment, "suffered hell" because his ambitious old parents, who had risen from the farm, would not tolerate his marriage to anyone except a wealthy girl. Under no persuasion could the parents be brought

to allow this son his emotional freedom. The above two cases are of the *mild* type.

The horrible biological distortion of splendid young males and females, who must suffer most because their vital energies are more vigorous than the average, occurs when parasitical parents insist upon keeping them dependent, "babyfied," "sissified," discourage their initiative with *incessant* intriguing, pleading, begging, weeping, invalidism, scolding and commanding. The parents continue this procedure until they actually crucify the youth's vital yearnings upon the cross of filial obedience (Cases MD-13, CD-3, HD-1). Many parents, without realizing what they are doing, will stoop to use almost any hypocritical measure of force, from the Bible and pulpit to threats of disowning, in order to control the son or daughter. A series of cases shows that certain types of crucifixion psychoses have their foundation in this form of paternal or maternal domination of the vital yearnings of youth, which, if once discouraged, prostituted or repressed, may never again, except perhaps under the most unusual forms of spontaneous encouragement, respond to the crises that beset the winning of virility, self-reliance, and social esteem.

The opposition of adults to maturing youths may occur in the individual's parents, or the parents of the mate. The principle is the same. The unreserved love of the mate is *absolutely necessary* for thorough development of *virility*, *goodness* and *happiness*, and, without it, the struggle slowly but surely, as the age of thirty is reached, becomes more and more of a burden. The social responsibilities after thirty have to be met at an increasingly involved level or else the individual suffers humiliation from the fact that yearly he must see the younger, more self-reliant members of the herd pass him by.

Most parents actually seem to be unable to forgive the independent declarations of their offspring. This often reduces to a principle of selfishness disguised by claims of duty.

The male youth who submits to the dominations of others tends to remain at the autoerotic or homosexual level (adolescent) and those who have been "sissified" by their parents and associates tend to become fixed homosexuals of the receptive, dependent, submissive type. They seek for the protective friendship of virile, popular males and this in its biological significance may

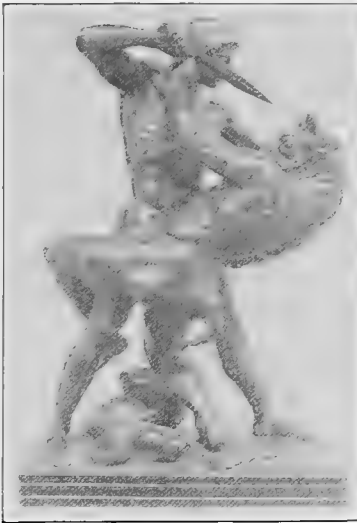
finally have the same value as the love-seeking of the dependent female. Anyone who has had experience with trying to assist such male youths to bring about an affective readjustment, so as to become normal, may testify as to the humiliations they suffer from



"Two Natures in Man," by Barnard.



"St. Michael," by Zurbaran.



"Theseus Slaying Minotaur," by Barye.



"Theseus Slaying Centaur," by Barye.

Fig. 17.—Different portrayals of the struggle against homosexuality in man. (By permission of the Metropolitan Museum of Art, New York.)

their sexual and social inferiorities, and their tendencies to make egotistical compensations or to seclude themselves.

Virility is essentially being able, unhesitatingly and yet with effective self-control, to project the affect, at any cost of physical or economic sacrifice, into the social herd and force it to recognize



Fig. 18.—The homosexual significance of the centaur is shown by the left hand mas-  
turbating the cupid.

its power by spontaneous submission. This does not imply that the virile hero needs always to win, but, to use a pregnant expression of the game, he needs *always* to play the game to the finish, for all he is worth, and in a manner that will win the respect of himself and admiration of his conqueror. Never can he afford to be petulant, timid, self-doubting, or unfair. The defeated but good-humored rival is never vanquished, but respected and loved.

As a social influence, he becomes more of a favorite the more gracefully he endures defeat.

Because of the tendency in both males and females of the genus *Homo* to regress to the homosexual level whenever the competitions and combats of heterosexual courtship or dangers of heterosexual indulgence (venereal disease, pregnancy, rival's attack or social scandal) cause fear and depression (impotence), it has become valuable to know the phylogenetic determinant for this universal trait.\*

The behavior of infrahuman primates (*Macacus rhesus*, *Macacus cynomolgus*, and a species of baboon) may be considered to be indicative of the sexual behavior of the ape ancestors of the genus *Homo*, and to indicate the phylogenetic influence that the civilized ape (man) has still to master through the establishment of appropriate social relations. Hamilton's observations,\* made under practically normal environmental conditions, and my observations made later in an abnormally close confinement, showed that there is a *persistent autonomic-affective tendency, in man and the higher apes and monkeys, to revert back to homosexual methods of obtaining gratification when the environmental resistances to heterosexual advances become too severe. The presence of persistent fear producing exogenous stimuli of course removes sexual potency.*

The behavior of the infrahuman primates, as well as male and female adolescents of the genus *Homo*, shows that homosexual interests precede and predominate the heterosexual interests. It has been observed that matured male monkeys and apes when isolated from females, or when prevented from courting a female by a domineering male, will revert to homosexual play.

This reversion tendency must be seen to have its counterpart in the behavior of men and women when isolated by religious or social obligations or laws, as marriage to a frigid or incompatible mate, over-conscientious self-repressive wishes, fear of venereal diseases, scandal or prosecution, actual isolation in military camps, prisons, asylums, monasteries. Men and women then tend to become anxious and irritable because of the persistent autoerotic

\*Kempf, E. J.: The Social and Sexual Behavior of Infrahuman Primates. The Psychoanalytic Review, Vol. IV, No. 2.

\*G. V. Hamilton: A Study of Sexual Tendencies in Monkeys and Baboons. Jour. Animal Behavior, Vol. IV, No. 5.

or homosexual pressure which is usually misunderstood and may lead to a psychosis.

Whenever two or more men are obsessed with cravings for the affections of a certain woman, the weaker rival, who fears defeat or punishment, or can not endure anxiety, or justify the pursuit of his craving, tends to revert back to homosexual interests if he can not find a substitute. I have seen this occur in sons who rivaled their fathers for the mother's affections, in the weaker of rival brothers, and in a father who believed his son had replaced him in his wife's affections. The sexual cravings of man apparently have only comparatively recently been subjected to censorship for incestuous fixations. *A series of pernicious psychoses, presented later, show that sexual reversion occurs if the resistances to heterosexuality are too severe*, a fact which has been utterly disregarded or overlooked by most educators, ultra-moralists and sociologists.

To accuse a male of being effeminate is to insult him, but to accuse a female of having a vigorous, aggressive (masculine) temperament is in this day of woman's suffrage to compliment her. The first is true the world over among all peoples. The conquest of, or adequate masculine compensation for, effeminate or uncontrollable submissive tendencies is the underlying theme of the great classical fantasies about such male heroes as Hercules and Theseus. Although Hercules performed the cycle of twelve labors and was the chief national hero of Hellas, upon the slaying of his friend Iphitus, in a fit of madness, he was condemned to become the slave of Queen Omphale for three years. "While in this service the hero's nature seemed changed. He lived effeminately, wearing at times the dress of a woman, and spinning wool with the hand-maidens of Omphale, while the queen wore his lion's skin."\* This myth probably had its affective origin in the fact that when a man's heterosexual ventures cause sorrow (as from syphilis, hate, or the loss of a friend) he tends to a homosexual regression. I have seen two poorly developed young men in homosexual panics which were related to fear of venereal infection which had discouraged heterosexual responsibilities and liabilities.

Theseus, the great hero of Attic legend, son of Aegeus, king of Athens, and Aethra, virgin daughter of Pittheus, king of Troezen (noble parentage), when sent by his mother, on passing

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\*Bulfinch, T.: *The Age of Fable*, vol. i, p. 147.

out of adolescence, to Athens, encountered many adventures on the way. He performed many heroic deeds, the slaying of Periphetes, called Pine-Bender, who killed his victims by tearing them asunder between two pine trees, the Crommyonian Sinis boar, Sciron, who kicked his guests into the sea, Cercyon, and Procrustes, who killed all comers by stretching them or cutting them down to fit his bed. Despite this immortal virility, as he passed through the streets of Athens, his curls and long garments, which reached to his ankles, drew on him the derision of some masons who were putting a roof on the new temple of Apollo Delphinus: "Why, they asked, was such a pretty girl out alone?" In reply, Theseus took the bullocks out of their cart and flung them higher than the roof of the temple, a virile, masculine compensation. [Postadolescent males tend to delight in exhibiting their heroic deeds, sexual prowess and organic superiority (high-flung bullocks) in the face of religious censorship and ridicule in order to prove that they are not effeminate, as well as to win the esteem of their male associates and the love-object. This heroic but aborted tendency is also to be seen in the pseudo-virile demonstrations of many forms of gambling, fighting, stealing, raping, seductive intrigues of males and females, the pimp's mastery of the prostitute, and promiscuous patronage of prostitution. The prostitute, usually homosexual, often lives with other prostitutes to dominate their affections.]

When Theseus undertook to free Athens of the scourge of the Minotaur, a monster having a human body and the head of a bull, to whom had to be sacrificed a tribute of seven Athenian youths and seven maidens every nine years, he was guided by Ariadne (meaning: "Very holy and the personification of Spring," the love of a virgin). She gave him a clue of thread to guide him through the maze of the labyrinth (social intrigues) in which the Minotaur lived. After slaying the Minotaur, he carried Ariadne away with him. Barye's statuette of "Theseus Slaying the Minotaur" shows the monster attacking the pelvis of Theseus with his pelvis (homosexual assault). (Fig. 17.) The origin of the myth as a means of gratifying affective cravings is probably in the struggle against suppressive, rival males, particularly the father, in order to overcome the tendency to remain homosexual, if submissive. One timid young man frequently dreamed that he was being attacked by a charging bull whose roars grew louder as it ap-

proached. The analysis brought out its origin in the snoring, domineering father with whom he had to sleep during his adolescence and the increasing loudness of the roaring bull was the snoring reaching a crescendo. The defeat of the father would set him free from his domination, but the labyrinth of obligations and gratitude bound him to his rival. The inspirations from Ariadne, lovely maiden, freed Theseus from the old dependence upon his mother and enabled him to free himself from the father's domination, symbolized by the Minotaur.



Fig. 19.—“Hercules and Omphale,” from a painting by Boulanger. Masculine virility regresses to effeminacy and homosexuality after slaying a friend. Hercules wore Omphale's clothing for three years while she dominated him and wore his lion's skin; the effect of shame and sorrow upon virility.

Ariadne (Spring) replaces the mother-attachment of adolescence which, like Winter, must wane as postadolescence is replaced by the virility which her love stimulates. It is this inspiration which, produced by the beauty of the pure love-object, who will be the reward if he becomes a virile hero, gives him the enduring ideal (continuous thread of thought) which guides him to evade social intrigues and overcome opposition and inferiorities. (See Fig. 20.) If the father is too severely domineering the repressed affections may develop a patricidal craving. Its cul-

mination in the patricidal act of Guiteau has its opposite solution in the crucifixion of the son to preserve the omnipotence of the father (Cases AN-3, CD-1, CD-2) in order to please the mother and also avoid incest.



Fig. 20.—“Eternal Spring,” by Rodin. From “Art,” by Rodin. (Reproduced by courtesy of Small, Maynard & Co.) The sculpture expresses the eternal vigor and constructive power of uncensored heterosexual love.

This same theme runs through that wonderful modern play, “The Yellow Jacket” by Hazelton, in which the kind mother saves

the infant from the jealousy of the father and then ascends to heaven, becoming spiritualized upon weaning her child, which ends its infancy. The young hero's career then, till postadolescence, is in the house of foster parents, a farmer, where the animals, birds, fish, insects and flowers educate him (polymorphous interests in nature). He emerges with an uncontrollable craving to know the world and win love, and leaves home despite the pleas and tears (resistance) of his parents (or foster parents).

In the world he promptly falls into the intrigues of homosexuality which, symbolized by the hunchback, tries to destroy his virility through the seductions of a siren. When he loses her, he becomes depressed, and enters into an infantile regression beside the grave (memories) of his mother. While in this mental state, he meets Plum Blossom, who like Ariadne, is a holy virgin who loves virility, truth and heroism. Plum Blossom (Spring) now inspires him. Although he attempts suicide when her parents try to keep her from him, they, upon learning of his ancestry, allow her to present the youth with her slipper, the symbol of her love and body, which is to become the inspiration and guide (thread), for his conflicts and his prize if he conquers himself, his self-love and vanity, by defeating homosexuality and evading social pitfalls.

With a mighty sword (phallus), given him by his foster father (wish for his son's mature potency which many never receive) and a garment, upon which is written, in her blood, his mother's wish for his winning of *virility*, *goodness* and *happiness* (which many mothers do not know enough to instill into their sons) and Plum Blossom's love, as his inspiration, he sets forth to master himself and the world. Guided by a sympathetic philosopher (an invigorating conception of his place in nature) he overcomes, in turn, the Thunder God of fetich and tradition, the Spider and his web-snares (labyrinth) of social intrigues and flattery, the Tiger in the form of his jealous grandfather and jealous father (Minotaur equivalent), and the freezing indifference of conventional society towards the aspirations of youth. These heterosexual obstacles become allied with Homosexuality's and Narcissus' seductive resistance to the courage and self-sacrifice necessary to reach the stage of true manhood. He finally learns to know himself, whereupon he no longer needs the philosopher's guidance, and, entering the temple wherein the Yellow Jacket of Virility is kept, he demands it for himself from his homosexual, narcissistic brother.

Then calling the beautiful Plum Blossom to bring her body (physical as well as spiritual love), he places her upon his throne, making her slipper his scepter. Thus, he reaches true maturity and bestows honor upon his family, glory to the Emperor and offspring to the race.

The heroic struggles of the male youth to develop skill and power, the willingness to risk pain and injury in order to maintain courage and self-confidence are of the utmost importance for sexual potency. Such traits of character and the postural tensions of the muscles of this type of adaptation stand out in striking contrast to the adaptations and postures of the narcissistic youth who loves his grace and beauty, dislikes struggle and competition and dreads to make an error. The normal maiden reciprocates in her development by cultivating grace and beauty to charm and inspire the virile youth. She admires power and courage and dislikes timidity and narcissism in the opposite sex. If, however, she herself has developed the masculine attribute to dominate, she makes a poor mate for the virile male, and, because of the discomforts and competition, avoids him for the effeminate male. If one will study the postures or expressions of the features and bodies of the illustrations "Caryatid," "Lachrymæ," "Graziella," and "Falling Leaves," one sees a predominant note of submissive longing for love and pregnancy, whereas in the "Martyr" we see extreme suffering from uncontrollable but ungratifiable eroticism depicted especially in the breasts and pelvis. This condition is not uncommon to institutions for the care of the insane, where the patient is sent because the family abhors loss of self-control and the physician is too stupid to understand human nature. Contrast the struggling Martyr and the dying Psyche in "Cupid and Psyche," with the power, harmony and virile assurance shown in "Eternal Spring."

Fear of being subjugated by the hyperactivities of an autonomic segment is shown in "Maternity" and "The Lost Hour" where the uterus is depicted as a grinding oppressive burden that prostrates the body. The woman's sacrifice for maternity is tremendous and requires great courage of those who fully comprehend its cost and suffering. The Caryatid shows the maiden's awakening to the importance of her existence to the race and the vigor of her maternal longing. A few years later this attitude becomes distorted by social intrigues, jealousies, fears and doubts,

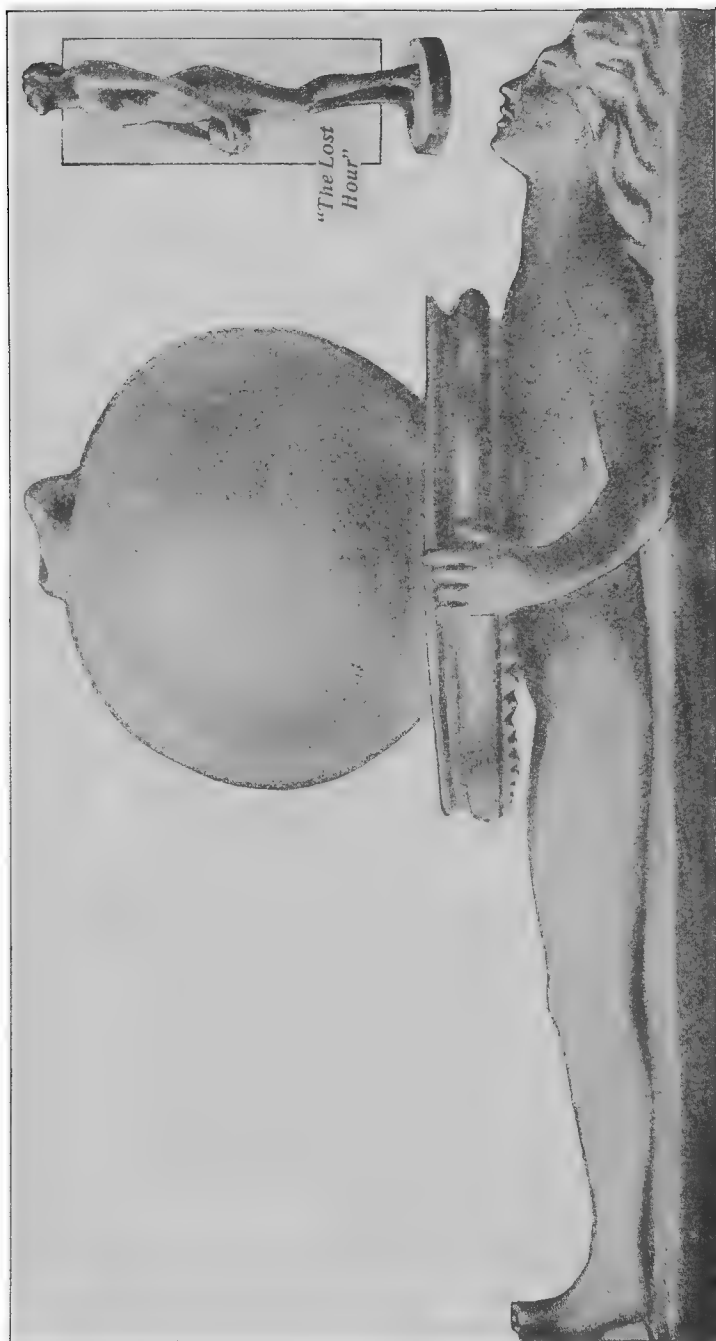


Fig. 21.—"Maternity." Miss Beveridge says of this: "The role is symbolized. It shows the agony of woman's mission of maintaining the earth and fruits thereof."



Fig. 22.—“Caryatid,” by Rodin. (By permission of the Metropolitan Museum of Art, New York.) The vase as the burdensome uterus and longing for maternity.

unless her companions have most unusual regard for what is worth while.

In "The Storm" we see a beautiful flight of love which, however, is being pursued by the storm of social disapproval, and the maiden, although courageous enough to follow her hero, shows a little apprehension of what is to come. The courage in this type of personality contrasts with the sullen, shut-in, brooding autoerotic maiden who indulges in innumerable sexual fancies about her male relatives and neighbors, but has been trained to fear and avoid an open, frank courtship because of a withering sense of in-

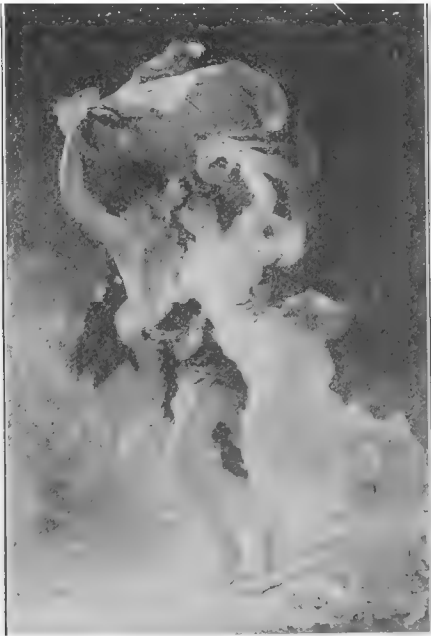


Fig. 23-A.—"The Storm," by Cotto. A love fantasy pursued by censorship. (By permission of the Metropolitan Museum of Art, New York.)



Fig. 23-B.—"The Ring," by Alexander. An uncensored love fantasy. (By permission of the Metropolitan Museum of Art, New York.)

feriority. "The Ring" portrays the calm, justifiable contemplation of sexual love symbolized by the ring. It contrasts with the agony of the unfortunate girl martyr and the wastage of "The Courtesan," or the remorse and anguish of Rodin's "Eve."

The "Madonna of the Rose" illustrates the maternal adaptation of the religious type in which the affect is not fully

satisfied by the birth of the infant because of the attachment to the father, whereas the statue "Mother" shows a predominant love for the infant, and "Bacchante" depicts robust, vigorous, graceful joy of motherhood.



Fig. 24.—"The Madonna of the Rose," by Dagnan-Bouveret. (By permission of the Metropolitan Museum of Art, New York.) This mother's posture, while contented in most respects, shows some traces of longing in the features. Her costume indicates a highly sublimated attachment to the father.

The group of young mothers, as fulfillments of the inherent biological cravings, contrast strikingly with the ungratified longings of the childless, the bitter anguish of those who fear the

uterus, the wasters of sex, and the abnormally sexed. Art museums are filled with such portrayals of the struggle to gratify the inherent biological cravings; and the physician, who would understand human nature and "mental diseases," must become able to recognize the nature of the dilemma in his patient. The possibility of functional abortion is very great in both sexes, even though the individuals have a splendid organic equipment throughout life. Our social ideals and purposes in education must be readjusted in a most decisive manner to correct the evil. The aver-

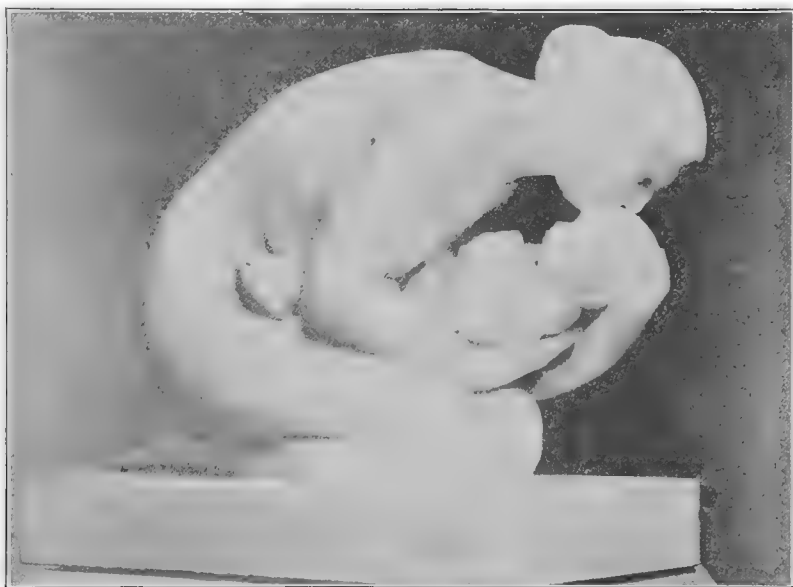


Fig. 25.—"Mother," by Lewin Funcke. (By permission of the Metropolitan Museum of Art, New York.) Showing contented motherhood and the inspirations of child worship.

age youth would eventually, like the animal, solve the riddle of his place in nature if he were not misled by dogmatic ascetics and biologically abnormal teachers into believing that the "fleshly" cravings of his body will destroy the soul and that the "devil" mysteriously encourages him to yield to their "filthy cravings."

Narcissistic youths are common in almost every social gathering. They are characterized by their unusual admiration for their physical and personal attributes and their inability to make the sacrifices that are necessary to win the affections of others.

They may make desperately grotesque, even criminal, attempts to establish their potency and attain the esteem of their associates, such as the narcissistic seducer of girls who brags of his conquests in order to be considered potent. Considered in its varied phases, it seems almost miraculous, under the present

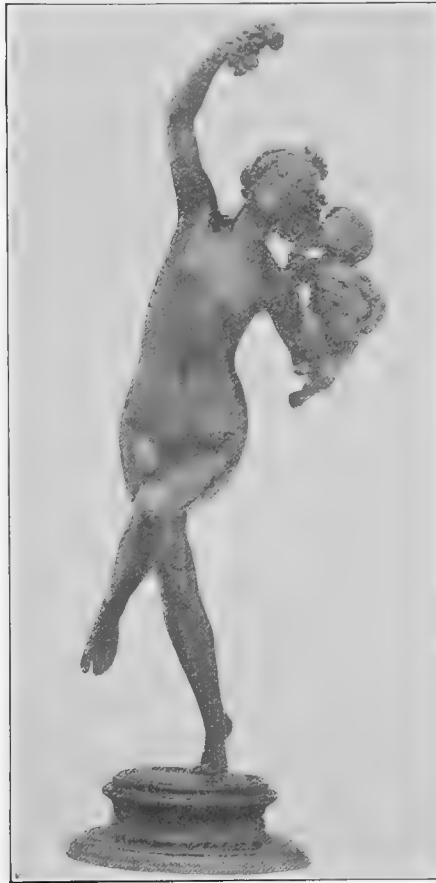


Fig. 26.—“Bacchante,” by MacMonnies. (By permission of the Metropolitan Museum of Art, New York.) A modern version of joyous motherhood freed from religious suppression and dogmatic conventions.

idea of social and educational propriety, for parents to be able to raise children who are so wisely trained that the fullness of nature's heritage will be theirs during maturity. It seems that the conglomeration of races, languages, customs, religious dogmas and social ideals, which have been perniciously thrown together into

the treasure-house of primeval America has completely misled the American people from the quest for true happiness. Only in sporadic instances may families still be found who have not lost their vision of man's true place in nature, families who have not substituted economic or intellectual exhibitionism for love and friendship.

The *stage of maturity* of the personality may be considered to be entered upon at twenty-two, that is, about the years of complete ossification of the skeletal apparatus and the development of the ego's control of the individual autonomic segments (popularly called *self-control*) for a full biological career, which includes the capacity to derive pleasure out of the responsibilities of parenthood. It extends to the menopause in the female, and to the onset of organic deterioration (sclerosis) in both sexes. During this stage, both sexes, even though well developed as vigorous personalities, *still retain bisexual traits* and the constant possibility of regressing (reflexly) to a homosexual level if the stresses of maintaining heterosexual interests tend to cause too much *anxiety* and *sorrow*. Regression often occurs even though the individual (male or female) is the parent of children.

Heterosexual potency, judging from the behavior of many psychopaths and normals of both sexes, varies in its vigor, and is never quite secure from the possibility of disintegration in the face of depressing influences, such as disease, a frigid, unkind, terrifying, neurotic or disgusting mate, hopeless economic burdens, fear of pregnancy, or venereal diseases, social scandals, an inaccessible or unresponsive love-object, death of the mate, or a too fixed mother-attachment. The intrigues and usurpations of power by the family of the mate, suppressing the idealized wishes of the individual, often cause the regression to the lower level of homosexuality, where, at least, parental sacrifices need not be made. We have found, in the regression of many young wives and husbands, that a domineering, jealous, scheming mother-in-law or father-in-law played a most important part, as a cause of the tragedy.

The disastrous influence upon heterosexual potency when the autonomic apparatus has been conditioned (trained) to love sexually the mother (her attributes, physical and personal), and can not react so as to produce sexual potency when obligated to a

wife of markedly different physical and personal constitution, is often found to be the underlying cause of the male's anxiety (Cases HD-1, AN-3, PN-6, PD-35, MD-6).



Fig. 27.—“Der Sphinx,” by Von Stuck. The number of young men who are destroyed by incestuous love is astounding. They form a large part of the population of asylums and prisons. The incest mechanism is symbolized by the left hand about the mother's neck while the right (moral) reaches out for help as the mother attachment, like a cancerous, bestial influence secretly destroys his virility and love for other women.

This tragedy of the male is wonderfully expressed in Von Stuck's grewsome painting, “Der Sphinx.” Here, the beautiful face of the woman, whose maternal affections are shown by the

nursing mammary glands, is fondly kissing the helpless young man like a vampire. Her arms, fair to the elbows, are extended behind him, and, becoming bestial, her talons are buried in his back. Thereby, her selfish love, secretly ("behind his back" or unconsciously to him), destroys the potency of his maturity. His right (moral) hand grasps convulsively for assistance and freedom, but his left (incestuous) hand clings to her neck. Below the shoulders, her body becomes bestial (incestuous) and the dark cancerous shadow in the pedestal upon which she rests, symbolizes the biological disaster that threatens every man who can not free himself from a physical mother-attachment and gratify the needs of his affections at an esthetic level. It has been almost consistently observed in the last five years that our male patients who are admitted in a state of homosexual panic have profound mother-attachments of an infantile, incestuous nature, and even hallucinate having sexual intercourse with her during the panic and despair (Case PD-34).

This mechanism, also, naturally, is to be found in the female, who, because of her incestuous attachment to her father, finds all other men sexually unattractive when she expresses her true sexual interests, and, when she permits her incestuous feelings free play, she inclines to become impelled to submit herself promiscuously as a prostitute to all men (Case HD-1). The report of the Chicago Vice Commission shows that an astonishingly large percentage of prostitutes (over 50 per cent) were seduced by their fathers or other adult male relatives, which indicates that overt and secretly fancied incestuous interests have a definite relationship to prostitution.

The physically matured males and females, who still have affective attachments to homosexual experiences of adolescence and "fond memories" of those incidents with their companions, are not likely to become heterosexually mature. Many of them become cynical and convinced that there is no such thing as heterosexual love and never marry; or if they do marry they find the obligations of the contract intolerably oppressive. As parents, they have little interest in the maturation of their children and love them in order to make a renewal of their own childhood.

An autoerotic narcissistic man or woman hates anything that tends to detract from personal beauty or self-indulgence, as the

sacrifices of parenthood. He despises the drudgery of parenthood without realizing that it is because of its impositions on his self-love.

Upon marriage, a subtle, if not overt struggle occurs between the mates for the dominant position in the contract. The big, aggressive wife and timid, little husband attest to the importance of organic superiority in the adjustment, but the average marriage does not show such organic differences. The sadistic or masochistic husband and masochistic or sadistic wife will certainly adjust to please their reciprocating cravings, no matter what influence this may have upon their children, and a sadistic husband and sadistic wife, although both are cruel in their pleasures, will divorce each other on the charges of the other being cruel; but it is the commonplace adjustment that interests us most, because it is most predominant. Nature places an unerring punishment upon the woman who, by incessantly using every whim, scheme and artifice, finally succeeds in dominating her husband. By forcing him to submit to her thousand and one demands and coercions, within a few years he unconsciously becomes a submissive type and loses his sexual potency with her as the love-object. If he does not have secret love interests which stimulate him to strive for power he finally loses his initiative and sexual potency completely and must live always at a commonplace level, the servant of more virile men: the counterpart of the subdued impotent males of the animal herd. His more aggressive, selfish mate, if periodically heterosexually erotic, will become neurotic if her moral restraints are insurpassable, or seek a new mate whom in time she will again attempt to subdue. Never is she able to realize that her selfishness makes her sexually unattractive. The psychopathologist meets many such women whose husbands have evaded domination by secretly depending upon the affections of another more suitably adjusted woman.

Men and women often marry to escape from autoeroticism or homosexuality, an incestuous attachment to a parent, to satisfy an irrepressible, subconscious curiosity, or to escape from a painful economic or social situation. Such adjustments are rarely happy because the individuals do not have enough of those attributes, which, as stimuli, are required by the conditioned autonomic functions of the other; hence, they do not invigorate and "inspire" one another. This adjustment, if accepted as final, predisposes to

loss of initiative and acceptance of the commonplace. Such individuals are able to get less than one-half of their working and creative capacities out of themselves and finally solve the problem through secret attachments, remating or hopeless resignation.

Marriages, as cures for masturbation and irrepressible homosexual interests, *very rarely*, if ever, are truly successful in either relieving the autoeroticism or as a compensation for homosexuality. Such solutions are promiscuously advised by the ministry and medical profession, when, at best, the maladjusted individual is an imposition on the mate. Autoerotic or homosexual men and women should always have a psychoanalysis and develop insight before attempting to mate. Examples of the tragedies attending such matings are collected in the chapters on the neuroses and homosexual panics.

It is well known that excessive sexual indulgence is as pernicious and debilitating in its fatiguing influence upon the capacity to win social esteem as too severe sexual restraint upon those who have poorly developed sublimations. Copulation by no means can be considered to be indicative of sexual virility, because it may be entirely a defensive compensation against oral eroticism (Case PD-10).

Throughout life each individual must maintain his virility, but it will be consistently found that those who are persistent in demonstrating their virility by "showing off," bragging with unmerited bluffs and claims, and trying to evaluate their commonplace productions above their intrinsic worth, are perniciously afraid of their lack of virility. Five children, one six years of age, the others about four years, were marching like soldiers. Upon asking them, "How many children are there here?" the oldest child replied "four." This compensatory attitude for organic and functional inferiorities will be found throughout life, but in itself, must not become an inferiority, like the grandiose claims of the paranoiac.

The *stage of decadence*, organic and functional inferiority, begins to make its appearance in the vital organs and blood-vessels at about forty to fifty, and, the effect may be observable in the individual's failure to compensate under stress (lack of *physiological recoverability* of the nerve, muscle and gland cell). The influence upon the personality is to be seen in the manner in which the individual conserves his energy and economic resources. He admits

there are many things he does not care to know (make effort to learn). He insists upon traditions, precedents, conventions, ancestral worship, and distrusts, very naturally, social and religious innovations, invests permanently in bonds and real estate, and begins to feel an instinctive compulsion to suppress the surging pressure of the younger men. Men in this stage naturally push their class into the law-making bodies and offices of their corporations as self-conservative measures. Biologically, it is the last struggle of the old bull to maintain his dominant place in the herd (family, community, nation). When the economic, military and diplomatic intrigues fostered by men of this stage develop international complications, they summon, as feudists, their heroic youths to the colors and hurl armies of them upon one another to further their international schemes and the domination of their economic interests. (The leaders of the German military machine, as well as her diplomats, were preponderantly men who had advanced far into the stages of arteriosclerosis and organic inferiority. One may see worthy sons, who could enormously improve the family's business, bound hand and foot by the arteriosclerotic father. He will not yield his grip on the dominant position in the family.)

Throughout the case histories to be presented in the following chapters, it will be seen that the psychoses are greatly determined by the individual's struggle to maintain feelings of being *virile* and *esteemed* despite his inferiorities. The tragedy occurs when he possesses cravings to do things and obtain things that are not tolerated by his associates, and which he himself regards as depraved.

Many youths are to be saved from disaster just so soon as parents are trained to educate their children with the object of enabling them to attain the functional state of biological virility. Most psychopaths are, however, the offspring of loveless marriages, and since few people really know whether they are happily mated or not until some time after marriage, the necessity of trial marriages and a revision of the social obligations pertaining to the sexual functions is becoming imperative, or a profound reformation of education must come. Many male youths only succeed in stopping the tendency to homosexual perversions and masturbation through heterosexual intercourse; hence, usually, patronage of prostitutes. As grewsome as this fact is, it can not be evaded or dispersed by scorn, but must fearlessly be given consideration by

well-balanced sociologists and psychopathologists, and not entrusted to the fanatical innovations and castrations of moralists who are themselves suffering from sexual obsessions.

Prostitution, masturbation, homosexual and heterosexual perversions as a tendency to biological abortion and waste, and social deterioration, are always to remain among the great problems of the human race and incessantly require society's counter-efforts to train the individual to enjoy living a socially constructive sexual life. Society can not possibly escape the laws of nature (because of the fatal tendency to autoerotic and homosexual reversion) by erecting barriers against normal sexuality. There is but one solution and that must lie in a profound revolution of social and religious conventions and the ideals of education in order to bring about a more healthful and happy career of sublimation of the sex cravings with virility as the goal.

As vitally necessary as athletic and esthetic preoccupations of interest are for the development of self-reliance and self-control of the personality, there are many educational institutions that do not provide sufficient means and inducements to the school children, maidens, youths, and young men and women. So far, at best, many institutions that have gymnasiums encourage only the more aggressive, and much smaller proportion of the pupils, to cultivate control of their muscles and affective resources, and practically none of them give the student as much credit for developing self-control and a splendid physique as they give for a course in Latin.

Schools ought to be built around gymnasiums, and residential communities around recreation grounds. The temple will eventually again become the sacred institution where athletic and esthetic refinement may meet to enchant and inspire the populace. This aggrandized social ideal will alone be able to induce the youth openly to cultivate the fundamental biological principles which are most conducive to goodness, virility and happiness. Prostitution and perverseness, alcoholism and drugs, are largely barometers of our social system's aborting influence upon human nature. The utterly bigoted manner in which professional, ascetic purveyors of grace have striven to control the pressure of nature needs a sane readjustment.

Humanity, no matter how it may be enshrined with eulogies

and halos of soul, is, after all, nothing more or less than a biological product. Whoever intends to understand the profound forces that compose us, which, moving like the resurging tides, force us to adopt fashions of thought to please the affections, must train himself to see man as a biological problem, a refined ape that has learned to wear clothing, develop a written language and use mechanical means for transmitting his thoughts and forces.

Anthropological history reveals that, as an animal, man has, universally, acquired a trait which is not to be found in any other species, and that is *the capacity to use symbols and images as substitutes for realities* in order to acquire stimuli which arouse comfortable and potent autonomic tensions. The relation of the symbol to the ungratified affective craving in the child, the savage, the psychopath, and in the normal, modern man, directs our attention to the difference between man's affective mechanisms and those of the infrahuman primate. This difference is the mechanism of the suppressed, and later of the repressed, or dissociated craving or wish. The capacity to disguise the wish, while aware of its influence upon other associates, probably had its beginning, at least as far back in the phylogenetic scale as that represented by the *Macacus rhesus* monkey. The behavior of one of these monkeys, who showed signs of being conscious of himself or his wish to steal his companion's food, was reported in full.\*

In brief, he would approach his victim by moving backward toward him while at the same time he pretended to be searching for food in the sawdust before him. As he drew near the eating, unsuspecting monkey, he slyly glanced over his shoulder, cautiously extended his arm backward, and, if not being watched, made a quick turn of his body and full extension of his arm, grabbing the food out of the other monkey's hands. His backward manner of approach, apparent pretensions of being disinterested (a behaviorism very commonly used by monkeys), his hesitation, and his choice of conditions for grabbing, indicated, decidedly, that he was aware of the necessity of disguising his wish; hence, temporary suppression of its domination of the projicient apparatus.

Children begin to use similar mechanisms when they become highly enough organized as personalities to have to solve the prob-

\*Kempf, E. J.: Did Consciousness of Self Play a Part in the Behavior of This Monkey? *Journal of Philosophy, Psychology and Scientific Methods*, xiii, No. 15, p. 410.

lem of satisfying their individual cravings, and yet retain the affections of their masters.

The affective mechanism that would naturally follow upon the development of the advantageous capacity of preventing a craving from jeopardizing the personality, by preventing it from controlling the final common motor paths of the projicient apparatus, would be the development of the capacity to repress it so that it could not cause the personality to think of it and be distracted during a crisis.

It is this final mechanistic difference—namely, the *capacity*

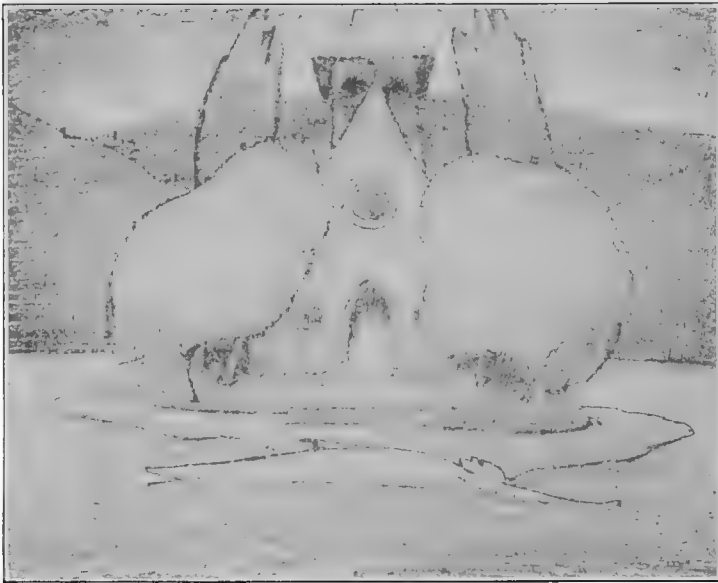


Fig. 28.—“The Requiem.” (From Pfister-Payne: “The Psychoanalytic Method.” By courtesy of Moffat, Yard & Co.)

The fantasy of a man who had strong suicidal cravings and wishes to return to the womb of his mother. The fantasy shows the mother church isolated for himself, the tower as the clitoris, the round window as the urethral orifice, the doorway as the vaginal opening, the trees as the labia, and himself floating dead on the waters of labor. The hills show the thighs parted and the mons veneris. Pfister showed the posture of the details to be intimately related to characteristics of various members of the family and their cravings to possess the mother. [Compare with Boecklin's fantasy: “The Isle of the Dead” (Fig. 29) and “The Resurrection” (Fig. 55).]

*to make affective repressions, that has probably given man the universal feeling that, in some certain profound, although unknown, respect, he is different from lower animals. It is the re-*

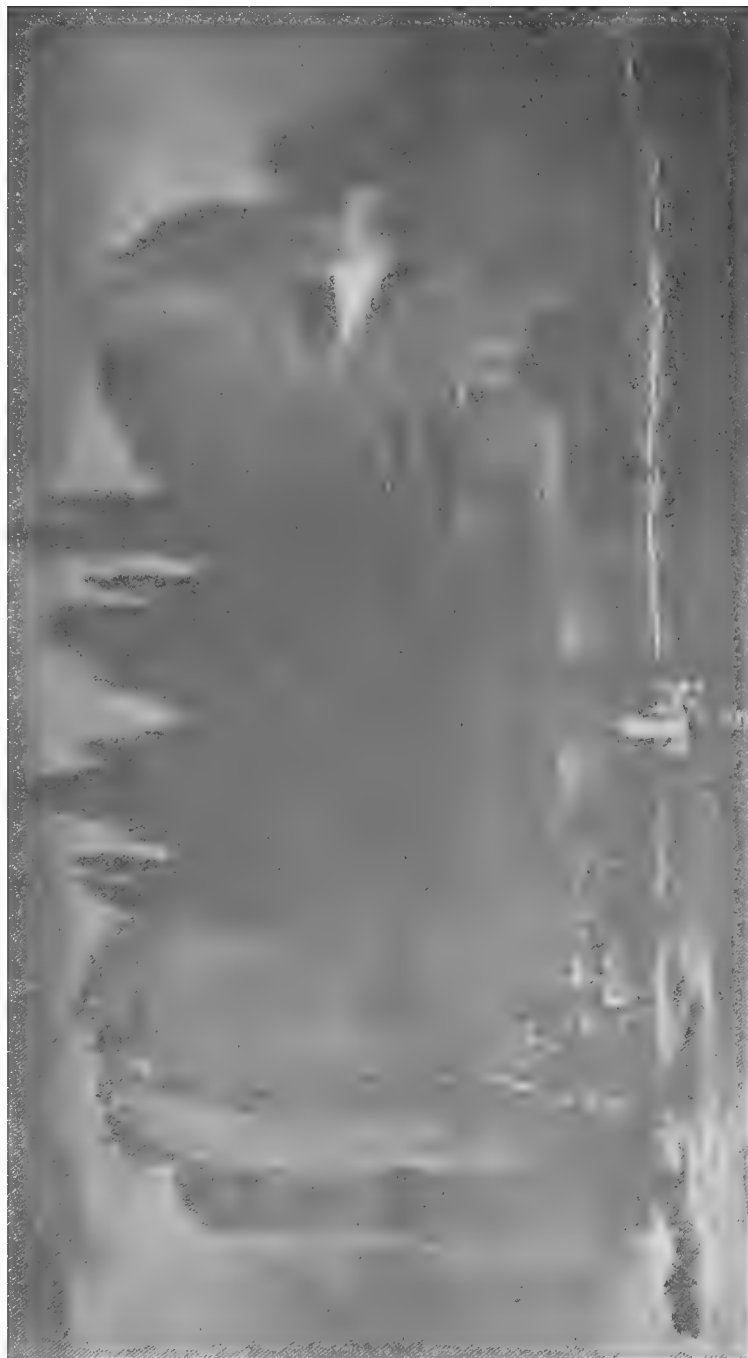


Fig. 29.—“Isle of the Dead,” by Boecklin. The great converging ledges of rock form the thighs, the forest symbolizes the pubic hair, the gateway the vaginal inlet; the waters are of life and labor; and the regressing soul the wish to return to the mother as an eternal comfort. The fantasy depicts the affective significance of suicide. (Compare with “The Requiem,” Fig. 28.)

*pressed* wish that longs to be regarded as the hopeful *soul*, the supremely beautiful and most pleasing wish of all in the personality of man. As a solution for his repressed cravings, repressed because of the distractions, sorrow and longing they produce when permitted freely to cause consciousness of their needs, Man's universal dream of eternal heaven is created.

In the happy, virile, normal individual, this mechanism is too much obscured by his general obligations, immediate schemes and ambitions to be recognized, but, in the *preadolescent*, *senile* and *depressed* individual, the source and nature of the craving for death and heaven is revealed in its biological values.

The wishes and fantasies of the suicidal (Cases HD-1, AN-3), show that the autonomic apparatus, being discouraged and depressed by the hopelessness of the environment and the envy of its associates, and still fascinated by the warmth and sincerity of the mother's love, craves to return to its parasitical attachment to her. Boecklin's "Isle of the Dead," when studied after the print "Requiem," reveals wherein the gates to the first heaven are located. The "Requiem" was drawn by one of Pfister's patients,\* who wished, as the patient himself repeated, to commit suicide in order to acquire the feeling of being again with his mother. The drawing of himself as a dead man floating on the waters (of labor) before the Island (mother, alone) shows the mother church between four trees. If one will see the steeple of the church as the clitoris, the round window in the tower as the urethra, the doorway as the vaginal inlet, and the two tall (brothers) and two short trees (sisters) as the labia, then the wish fulfillment of the sketch and the origin of the symbols, in actual experience becomes obvious. The wish that created the symbolic sketch must be associated with the fact that he wished to return to the *womb* of his mother. Case HD-1, suicidal, was in a veritable panic for several weeks from the feeling that she had to return to the uterus, a belief compelled by the regression of the affect. One man (aged twenty-three) was obsessed with cravings to perform cunnilingus. He had a profound mother-attachment, and several times planned to commit suicide, preparing his pistol and secluding himself for the purpose. When he abandoned himself

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\*Pfister, translated by Payne: *The Psychoanalytic Method*, p. 394.

to the cunnilingus craving, he became aware of wishes to get completely inside of the female through the vagina.

If, now, we compare Boecklin's "Isles of the Dead" with Pfister's patient's "Requiem" it will be perceived that this profoundly impressive painting has its potent influence upon the affections through its symbolic value to our regressive tendencies. The isle again symbolizes the lonely, isolated mother; the great rock ridges that converge behind the forest represent the flexed thighs; and the forest, the pubic hair; the two pillars of the gate, the labial folds about the vaginal entrance; and the entering, pure white soul in the boat upon the waters (uterine) reveals the serious affective origin of the unhappy Boecklin's masterpiece. The foetal posi-

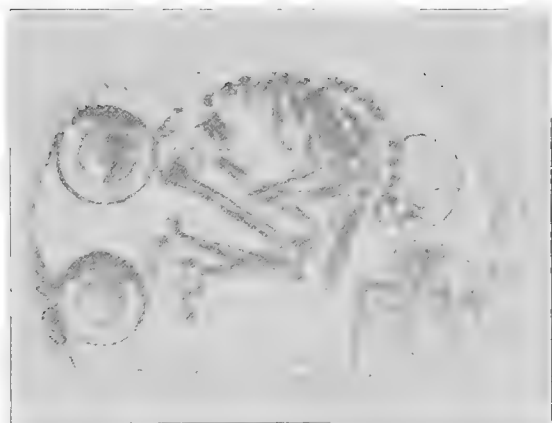


Fig. 30.—The fetal position is obvious. Compare to the "Isle of the Dead" (Fig. 29) and "The Rebirth" (Fig. 55).

tion of the Egyptian burial, Fig. 30, and that of the negress, who made a series of attempts to commit suicide and wished to get out of the world, as she has suspended herself before the window in the dark room, are self-explanatory. (See Fig. 62.)

If the posture of the prehistoric Costa Rican Indian's sculptured figure (Fig. 64) is compared with the intrauterine position of the hebephrenic dissociated personality, whose case is distinctly that of an intrauterine affective regression under the pressure of great sorrow (Fig. 65), the posture of the fetus, and the posture of the motionless, eternal dreamer Buddha, the similarity of the muscular tensions for their kinesthetic value is at once obvious. The intimate dependence of postural tensions upon autonomic

tensions and cravings has been well established (Sherrington, Langelaan, De Boer) and must be considered as indicative of the true affective interests of the individual.

If this tendency to infantile or intrauterine regression persistently occurs when the environment is too severely depressing and



Fig. 31.—Buddha—the sublimation of autoerotic self-sufficiency. (Compare with the postural attitude of the catatonic deity, Fig. 60.)

painful, then it becomes obvious that unless man is able to find a means of keeping himself happy and virile, his biological career, as a species, must soon find a level beyond which it will not transcend, because it can not endure the depression and sorrow caused by the ungratified cravings. This brings us back to the use of the

symbol and its saving, invigorating influence upon the ungratified autonomic functions.

Anthropologists and psychologists have not adequately recognized that fetiches and idols, rituals, luck charms, and religious systems have their origin in the compensatory strivings of the *ego* to control the reactions of the autonomic apparatus. The principle is simple enough. Every man must protect himself from the incoordinations and weaknesses of muscle tone which instantly are aroused by doubt of one's powers in a crisis. This self-doubt or lack of self-assurance is a fear reaction. It quickly forms a vicious circle because in an emergency or test self-doubt decreases skill and power and this in turn, decreasing the margin of safety, increases fear of failure. Sportsmen universally recognize this principle. Hence the biological value of faiths, rituals, beliefs, forms of thought, traditions, prayers, idols, fetiches, mannerisms, which, as stimuli invigorate the man, and preventing self-doubt or fear of "losing his nerve" are of the utmost importance. Animals, primitive man and civilized man depend enormously upon bluffing as a means of keeping up courage and intimidating opponents. Rituals bluff the intimidations of the unknown.

*Man has always had to compensate against potential defeat, failure or danger, because no matter how remote, if the individual is aware of it, it remains a cause of fear and this in turn tends to cause impotence. Hence, the creation of the symbol, ritual and fetiche as invigorating counter-stimuli which arouse compensatory autonomic reactions which overcome the depressing influence of fear and hopelessness.* Man, no matter what his intellectual rating may be, uses this psychotherapeutic trick in some form. It is apparently necessary because, as Cannon has shown, a *fear* producing stimulus causes a shifting of the blood supply from the digestive apparatus (and the sexual organs) to the organs (head, heart, limbs, lungs) which are used for defense and attack. Hence, unless defensive or aggressive measures are taken to remove the influence of the fearful stimulus, the nutritional disturbances tend to become chronic, and chronic sexual impotence results which might terminate the race. The sympathetic encouragement individuals may give one another in the form of praise, tokens of esteem, charms, fetiches, blessings, well wishes, moral support, etc., are therefore invaluable. They become *particularly valuable* in allaying the secret fears men and

women have of one another because of the envy, jealousy and intrigues that incessantly arise within the members of the family, clan and community. The primitive community's ritualistic efforts to produce rain in the time of drought or to stay rain in time of flood, to induce the return of the sun in winter, to bring peace in time of a losing war, or relief from the ravages of disease, beasts, famine, to induce sexual excitement, pregnancy, and labor, etc., are important, in that they tend to encourage reciprocity with and sympathy for one another. Environmental dangers, as winter, storms, beasts of prey, are not so constant, as trials, as the feuds between individuals of the same sex and community. It is in the effort to induce the men and women of a community to renounce *envy* and *avariciousness* that the Christian formalizations of religious behavior have been cultivated.\*

Through relieving the *fear* of another's political and commercial intrigues and homicidal plots, the biological potency of an individual is increased, because the pelvic convergence of the blood supply is permitted so soon as the cephalic convergence is no longer necessary for defense.

Among savages, the plots and selfish intrigues were so incessant, the necessities of life so difficult to acquire, pregnancy so burdensome, and infant mortality so great, that the potent phallus and its images were, by compensation, made the supreme gods of ancient Man. Neither is it surprising that in symbolic disguise it should still continue so today, if one considers the physical and personal sacrifices that are necessary to maintain the parental state and provide for the needs of a family.

Another important value of the symbol as an autonomic stimulus lies in the tendency of the invigorated autonomic reactions of one individual reflexly, more or less vigorously, to stimulate *imitative* reactions in a friendly associate. The rapidity with which imitation occurs is to be seen in the almost simultaneous leaping of a school of fish, of the darting of a flock of birds, the reactions of the mob or audience. The tears of the mourner or actress start tears in the viewer; we admit that some smiles are welcomed because they stimulate imitations in us.

It is this very mechanism that also prevents many physicians from using the psychoanalytic method; because, when the patient

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\*We, however, still make a Christian's appeal to God to defeat our enemies.

permits the recall of his repressed emotions and memories, the reflexly imitative reaction of the sympathetic physician, although not usually observable in the form of overt movements, occurs in the form of unpleasant postural tensions producing kinesthetic images which often require considerable patience to endure. One may observe that most people experience an activation of parotid, lingual and labial reflexes when some one expresses a craving for certain kinds of food. Although it is well known that such reflex imitations occur, many psychiatrists are distressed by imitative oral reactions when compelled to listen to the account of the cravings of an oral erotic psychopath. Friends and families weep and sing together, are afraid and courageous together, women feel cravings to become pregnant when others are pregnant, or avoid it



Fig. 32.—Copulation fetich from the Ivory Coast of Africa. Undoubtedly made by a negro savage.

in groups, boys enter similar professions, children imitate each other's objects of play or an adult's work, etc. Hence, when the semipotent man or woman can obtain from the more virile companion a hint of his *faith* in his charm, fancies or method, or of what he loves, the general tendency is to imitate the method or steal the object—as fashions in dress, remedies, by-words, hobbies, ideas. That which is intensely desirable to one becomes desirable to many, even though it is only a misleading fancy. This is probably the fundamental factor in hypnotism and suggestion and in the miraculous influence of the inspired mystic who, zealously using his self-invigorating charm, arouses his clan to overcome the



Fig. 33.—Aztec God wearing a robe showing a phallic border, probably to popularize and stimulate reproduction.

causes of fear and impotence. But it is his *unshakable faith* that gives the other man confidence and encouragement as the inspirations of Joan of Arc, and not the amulet or fetich.

The material, word, or movement, that may be used as a sym-

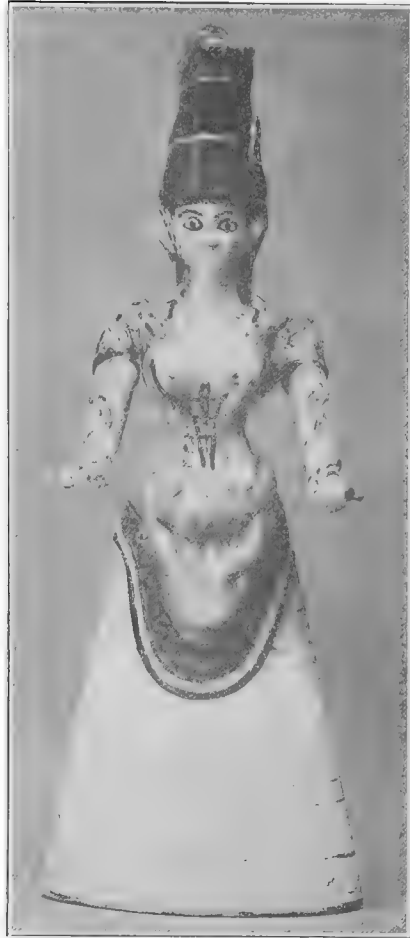


Fig. 34.—Aegean Figure of Goddess, with Serpent Attributes (about 1600 B. C.) showing serpentine design in the costume and serpent entwined figure with coil in the abdomen probably signifying pregnancy. (By permission of Metropolitan Museum of Art, New York.)

bol to express the interest in the reality is as varied as language itself, which, after all, consists of merely sound or sign symbols. It must be recognized that almost anything that has the slightest similarity of appearance or action, or contiguity of relationship may be used by the affections to express their interests in the real-



Fig. 35.—“Falling Leaves,” by Merle. (By permission of Metropolitan Museum of Art, New York.) Fantasy of impregnation, with falling leaves symbolizing the seed.



Fig. 36.—“Graziella,” by Lefebvre. Maiden with net longing for maternity—the plan or net as the means of catching her lover. (By permission of the Metropolitan Museum of Art, New York.)



Fig. 37.—“*Lachrymae*,” by Leighton. (By permission of Metropolitan Museum of Art, New York.) Woman longing for maternity. The vase rests upon the pillar (phallus) while the fires burn to renew life.

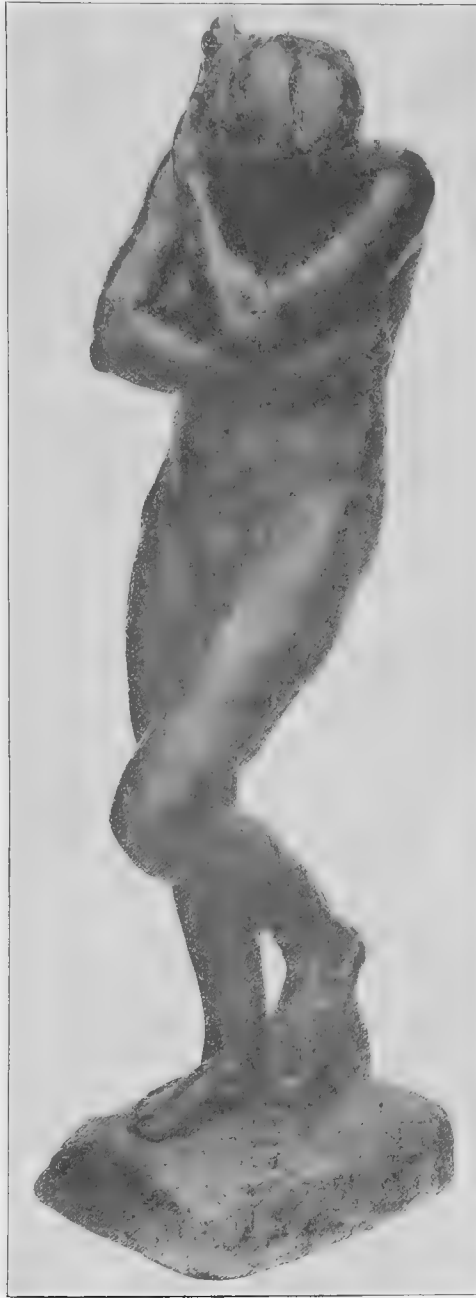


Fig. 38.—“Eve,” by Rodin. (By permission of the Metropolitan Museum of Art, New York.) Anguish following the censored sexual act.

ity. Many psychiatrists have professed utter intolerance of the suggestion that a knife, spear, wand, tree or horse should be used as the symbol of the potent phallus, and yet they probably often speak of a man as being "green" when they mean unsophisticated. The word "screw" is commonly used to mean copulate. (See the Ivory Coast fetich, Fig. 32.) A series of illustrations is given to show how symbols are used in art to express the affections. The same symbols are often used in dreams and fairy tales. Fig. 10 shows the erect phallus as a suffering man (prehistoric Costa Rican Indian); Fig. 3 is an Aztec ceremonial knife, the handle of which is a male in the copulation position and the blade stands for the extended penis; on the same page is an African negro's wand with a face carved into the glans penis, treating the phallus and its cravings as a distinct personality. (This value is also given by psychopaths, to the penis. One patient spoke of the penis as a god that stood up like a little man.) Fig. 33 is an early Mexican (Aztec) statue in the border of the robe of which is worked the penis and testicle motive, and Fig. 34 an Aegean (1600, B.C.?) statuette with the serpent wound into the border of the gown, along the arms, into the head-dress, and knotted into the abdomen (pregnancy); also the conventionalized serpent motive is woven into the hem of the apron. The painting by Paul Veronese of "Mars and Venus," Fig. 16, shows Mars uncovering Venus for the sexual act while an infant symbolizes it by binding their legs together. About Mars are many symbols of the potent phallus, the horse, sword, armor, trees, grape vines and satyr. Venus is also pressing milk from the nipple and looking at the infant that binds her to Mars. (An identification of the nutritional and sexual interests in the same fancy. See the prehistoric Costa Rican Indian's sculpture of copulation, Fig. 15.)

The tree as a phallus, and the falling leaf as the impregnating semen, is symbolized by Merle in "Falling Leaves," Fig. 35. The lovelorn maiden and the infant playing near her, but still out of sight, reveal the affective influence that created the fantasy.

The net as a web of ideas to catch the fish (infant) and the lover is shown in the painting of the maiden with the net. Fig. 36.

The pillar as the phallus and the vase as the uterus, and the fire (passion) that burns as they become united, are shown in Leighton's painting, "Lachrymæ," Fig. 37, which fantasies a



Fig. 39.—Eve. (By permission of Metropolitan Museum of Art, New York.) Eve awaiting the rise of the serpent.

beautiful sorrowing woman who is suffering from an ungratified wish for motherhood. This same motive is wonderfully depicted in Rodin's "Caryatid," a postadolescent maiden who is bearing the burden of an ungratified uterus. The vase or bowl, as the uterus, and the serpent, as the phallus, and their relationship for beauty and health are immortalized in the statue of the Greek goddess of Health, Hygiea, Fig. 1. She is shown enabling the serpent to approach the bowl. Beveridge's "Lost Hour" and "Maternity" depict the bowl as symbolizing the agony of the uterus: one, the ungratified uterus, and the other, the subjugation of the woman by the pregnant uterus. (An example of an autonomic segment overcoming the ambitions of the ego.)

Rodin's "Martyr," Fig. 13, shows by the engorged breasts and the muscular torsions of agony what may be suffered by a virile woman who is forced by the conventions of society to repress the maternal cravings. On the other hand, Rodin's statue of the wasted "Courtesan," Fig. 12, shows what may occur upon sexual excess and sexual perversion. His "Centauress," Fig. 46, shows the autoerotic female with extended hands, striving in despair to escape the compulsions of the bestial pelvis, and his "Eve" portrays the shame and remorse after the loveless indulgence whereas the statue of "Eve," Fig. 39, shows a beautifully modeled and poised woman gladly awaiting the rise of the serpent from the earth beneath her.

The religious joy that comes to the female upon conceiving the child after a love indulgence, may be said to be portrayed by Lewin-Funke's statue, "Mother," Fig. 25, and, similarly, though with different sentiment, by Dagnan-Bouveret's painting, "The Madonna of the Rose," Fig. 24. They represent two most pronounced, although quite different, methods of expressing joy. Perhaps Lewin-Funke's statue, "Mother," may be considered to be the more modern and expressive of a new, growing ideal of maternity.

Rodin's statue, "Eternal Spring" (virility, goodness and happiness), Fig. 20, is a marvelous portrayal of the affections, which as a love mating, brings out in horrible contrast, as biological abortions, modern commercialized, loveless marriages. Cot's painting, "The Storm," shows a love flight pursued by society's criticism. The backward glance and slight anxiety of the maiden indicate that her love is not quite free from the censorship of her

associates. Alexander's painting, "The Ring," Fig. 23-B, contrasts with this, showing the maiden in her home, contrasting with a dream common during the erotic state, showing the destruction of home and loss of friends, which occurs when the woman abandons herself to her passions (the wish to be abducted for prostitution). She is often helpless in the arms of one conqueror while others are already approaching. The wish for an abandoned liaison is often portrayed in the dream by the fire that destroys the home and the world; and the anxious complaint is often made by the uncontrollably erotic patient that the world has been destroyed by fire. Rodin's statue of "Cupid and Psyche," Fig. 42, portrays the old Greek truth that when love is denied or lost, thought and inspiration (Psyche) dies.

Michelangelo's statue, "The Captive," Fig. 47, shows the dual nature of Man. The youth, bound about his chest (suffocation distresses are often complained of while eroticism is restrained), has his homosexual, perverse craving symbolized by the crouching beast (ape-dog) behind him. Barnard's statue, "The Two Natures of Man," Fig. 17, shows the perverse influence as an imp of owl-dragon combination resting upon the prostrated half of the man. (One patient saw the infantile, perversely auto-erotic self before her in a dream as a black little imp.) Zurbaran's painting, "St. Michael, the Archangel," Fig. 17, expresses the imperative requirement that Man shall master incest and homosexuality.

The destruction of youths and maidens by satyrs, minotaurs and centaurs in the fantasies of the ancient Mediterranean peoples, probably has its origin in the attempt to prevent biological destruction by the tendency to revert to bestial perversions. Sophocles' "Oedipus" was probably a profoundly thought-out protest against the incestuous tendencies of the lower Greeks and their slaves.

In contrast to the hero's slaying of the oppressor, Michelangelo's statue, "La Pietà," Fig. 54, may be used to show the collapse of the youth when he is forced to sacrifice his vital love wishes because they would conflict with the potency of his beloved father. The most common of all psychopathic tragedies is the crucifixion of the son's or daughter's love because they are *conditioned* to oppose the rival father or mother. (See Chapter XI on catatonic and crucifixion adaptations.)

There will always be clever thinkers and zealous writers who will not be able to tolerate the conception that the symbol is used as a means, by the ungratified biological cravings of man, of obtaining some relief, as in his fancies, dreams, writings, researches, psychoses, philosophies, religions, etc. But, whatever they have to say in their attacks and counter-arguments, they must bear in mind that *often* an individual reveals, by what he hates or can not accept, what he has himself repressed and why he has repressed it. This goes even deeper than committing oneself to a profession of faith which must afterwards be upheld in one's interpretations of life. It goes to the bottom of the conditioned cravings of the individual and his sublimation of them in order to attain personal comfort and social esteem.

Virility can only be attained through *the enjoyment of work, play, study, fight, prayer and more work*. It must be maintained by working for the true needs of the autonomic apparatus as it happens to be conditioned, despite all anxiety and suffering. If the repressed cravings are perversely conditioned they must be readjusted by the psychoanalytic method, or adequately sublimated through striving for some scientific, artistic, religious or altruistic ideal.

According to the conception of the development of the personality discussed in Chapters I to III, the following studies of abnormal personalities, presented in Chapters VI to XIII are made. Wherever the eccentric behavior can not completely be explained by the *manifest* wishes, indications for the nature of the *repressed* cravings have been sought. The repressed cravings, when dissociated from the control of the manifest cravings, constitute the "not me" or the foreign, "hypnotic" influence which the *ego* must struggle against in order to keep control of its overt behavior.

## CHAPTER IV

### THE INFLUENCE OF ORGANIC AND FUNCTIONAL INFERIORITIES UPON THE PERSONALITY

An organ is relatively inferior when its structure or function is not equal to the average requirements that are fulfilled by the same organ or function in other members of that species. The inferiority may be due to the organ being undersized, oversized, diseased, or deformed, or displaced from its most advantageous position, as the horns of the stag, the upper or lower mandible of a bird, undescended testicles, delicate hands, or hyperthyroidism; or it may be due to the excessive or inhibited innervation, as the anger or fear state of the stomach while competing in polite society.

A function may be inferior to similar functions of others, although the organs that are used to perform the functions are quite superior to the average; as inferior skill in swimming, or fencing, the more rapid solving of problems by enthusiastic children as compared to brooding children, sexual impotence in the depressed or fearful, the inability to make love in the timid.

Organs and functions in one individual may be enormously superior to the same organs and functions in others under some conditions and fatally inferior under others; as when an amorous person is married to an indifferent mate; egotism and selfishness wins in childhood and loses in maturity.

In every instance the inferiorities of the organ or function for the requirements of the situation become emphasized when they tend to cause failures in competition; and after a few distressing experiences they cause a persistent *fear of failure*. *The fear of failure in turn stimulates an autonomic compensatory striving to prevent failure, forcing the development of skill and power in the weak organ or an associated organ*: as the stenographer learning to write with the left hand after the right has been injured, the stammerer in youth becoming the writer or orator during maturity. When the *fear of failure* can not be compensated for, we have an anxious neurotic patient.

*Compensation* as a physiological process is obviously a most fundamental characteristic and requirement of living things and is found in all living things. In fact, so soon as the powers of compensation begin to fail, the organism or the personality begins to deteriorate and finally dies. Physiological compensation to prevent failure is to be seen in the storing of glycogen and fats in the tissues to compensate for the loss of vital energies due to metabolism, the development of immunity for infectious bacteria, the mending of injured tissues, restoration of power and vitality after disease, fatigue or fright, cardiac muscle compensation following valvular deficiency or hard work, the hypertrophy of a kidney upon the excision or disease of the other kidney, the balance of function in the endocrine glands, etc. The necessity of compensation goes farther. We find it is the process of developing accomplishments and self-control by the personality. The compensatory efforts to prevent the distresses caused by climatic changes, beasts, diseases, war, hunger, social rivals, etc., developed the skill and power to build houses, make clothing, invent and construct languages, governments, machinery, create the modern methods of medicine, surgery, etc.

Competition with the lower animals no doubt enormously stimulated the ape-man and his offspring to develop mechanical means of conquering and subjugating them in order that they could not cause fear. *Competition between species, although often a struggle for life, is by no means as severe and incessant as competition between individuals of the same species who become conditioned to require the same objects to satisfy their autonomic-affective cravings.*

This fact was emphasized by Darwin as a most important cause of evolution among higher animals.

Through *sexual competition* and the general tendency to favor the fit, the less fitted or inferior are forced to diverge from the favorite pursuits unless they can make adequate compensations; hence most of them die or develop eccentric variations, and the *neuroses* and *psychoses* are to be regarded as failures to make comfortable adjustments and are eccentric biological variations. It is easy to see how the fine qualities of a species are maintained through the successful natural selection of that which most thoroughly gratifies the autonomic needs of the individual. The functionally and organically superior are so consistently favored that

all men and women are forced to develop estimable qualities unless well protected by the strong and rich. The principle of *natural* and *sexual selection* which has been maintained for countless generations, and upon which much of modern, civilized man has been developed, must be recognized as the predominant determinant of social adaptations whether the average individual is conscious of it or not. Therefore, the organically or functionally inferior male or female, child or adult, must make an adequate *compensation* that will not only win in competition but also win some *social esteem*, or always feel a pernicious sense of being biologically inferior to his associates. Most people who have sexual inferiorities show by their behavior and sensitiveness that they are more or less consciously, incessantly on guard at trying to keep their inferiorities hidden or unobtrusive. This *defense* must be so consistently maintained that it has a most decisive influence upon vocational selections, places of living and working, choice of friends, mating, prejudices, forms of thought, etc.

We find that the stupid, illiterate, unclean, indecent, awkward, ugly, weak, unskillful, poor, cowardly, immoral, vulgar, criminal, perverse, tend to associate together in order that their functional inferiorities will not be emphasized by too serious contrast with the intelligent, decent, graceful, beautiful, strong, skillful, wealthy, courageous, moral or normal.

Alfred Adler\* emphasized the importance of organic inferiorities as the cause of distressing compensatory strivings. The important fact is that it is the individual's *fear of his organic or functional inferiority* that forces him to make compensations which later, as eccentric claims, in turn may themselves become inferiorities because of the criticisms, loss of confidence and ridicule which they arouse; as the flaunting of heroic or sexual conquests by the effeminate male dandy. The inferior organ, as undescended testicles or effeminate face, voice and physique in the male, is not the fundamental cause of the eccentric compensation, but the fear of ridicule is the cause. We find that some men, who are decidedly unsexed by nature, are able to live their anomalous biological and social careers quite comfortably because they have been wisely trained from infancy to maturity to accept their organic defects and attempt no compensations which later may become causes of

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\*Organ Inferiority and its Psychical Compensation. Nervous and Mental Disease Monograph Series, No. 24.

distress. On the other hand, many people are to be found who are organically well constituted and, professionally, decidedly skillful, who can not escape feeling a pernicious sense of inferiority which must be protected in every conceivable manner. This may be due

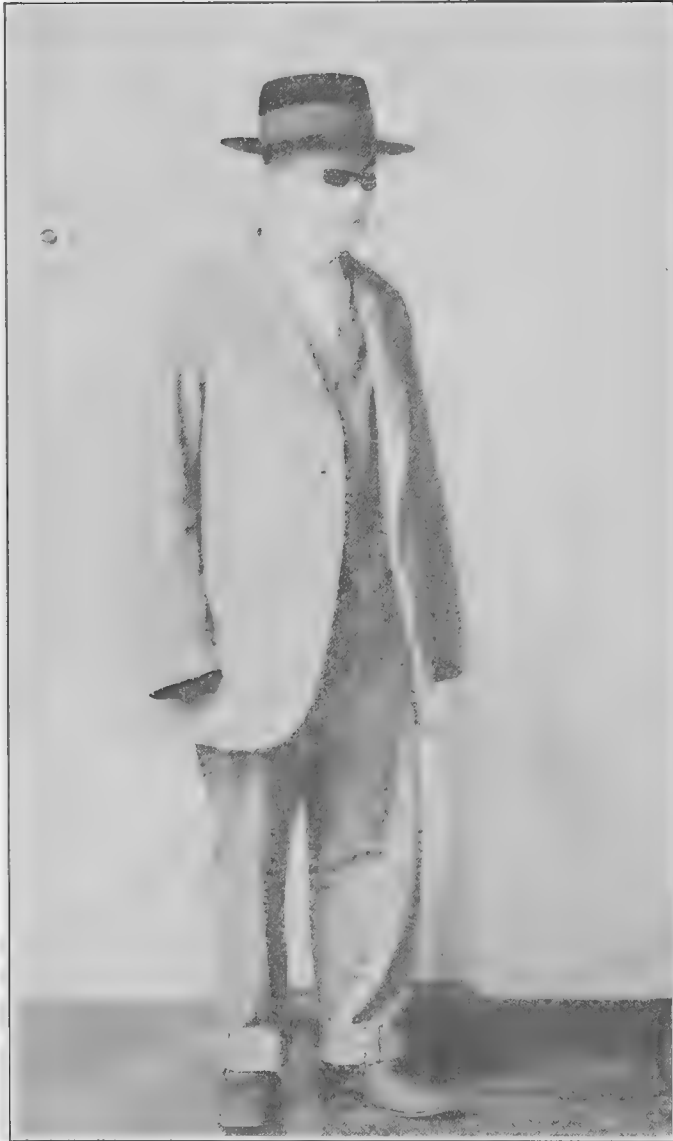


Fig. 40.—Simulation of perfect man by undersized Russian immigrant, age 18, illiterate. He thought the wearing of a man's suit would encourage him to grow to fit it.

*in some instances* to the prejudiced training in childhood, or an unredeemable act of perverseness or cowardice, but it is necessary to look for a more general cause of anxiety in certain forms of functional inferiorities. It may safely be assumed that all functional inferiorities, in vocations or hobbies, as of the mediocre surgeon or musician, in themselves, occasionally cause anxiety, but this occurs *only* when circumstances place too much responsibility upon the act and arouse fear of failure. Hence a form of functional inferiority that interferes *constantly* with the struggle for heterosexual virility and biological fitness must be considered to be the critical factor. As such, the psychopathologist finds that *wherever men or women are sexually inferior to the ideals of their associates, due either to organic unfitness, as masculine traits in the female or effeminate traits in the male, or functional inferiority, as the tendency to autoeroticism or sexual perverseness in either sex, they feel a pernicious sense of inferiority from which they are forced to protect themselves in some manner.*

The methods of defense for inferiority vary greatly, but may be correlated into three general types. They are either (1) *avoiding competition*, or (2) *eliminating* the inferiority, or (3) *developing a protective superiority* in some other organ or function. *Either adjustment tends to become extreme and eccentric if the fear of the consequences of the inferiority is pernicious and quite continuous, whether the individual is conscious of it or not: then the compensation may become so eccentric as to constitute an inferiority also!*

*Avoiding competition* because the inferiority is always reflexly contrasted with the opponent's or rival's superiority may vary from the tactful avoidance of certain forms of competition to the general dread of all personal contact. The latter through its insidious influence, within a few years develops an incurable psychopath; as in the seclusive, suspicious, brooding, autoerotic, postadolescent boy or girl becoming the regressive hebephrenic.

*Elimination* of the inferiority may be solved by a severe, unconditional aversion for anything that influences the individual to become aware of his inferiority or by having it excised or repaired; as surgical repairs, or self-inflicted castrations for masturbation or perversions, and catatonic adjustments.

The tendency to prevent the inferior craving from causing the individual to be conscious of its existence may become severe

enough to be considered a psychoneurosis, particularly when the effort at repressing the inferior function, as masturbation cravings, causes serious preoccupations of thought which interfere with work.

*Compensation, by developing a protective superiority* in some other function is, fortunately for the progress of civilization, the most common method of adaptation and the most successful. The successfulness of this method for the individual's needs does not, however, always depend upon the fine qualities of the compensation, as the development of literary, artistic or scientific skill, but upon the fact that *fear of the secret inferiority*, as a potential cause of failure to win social esteem, has ceased. We find men who have made remarkable contributions to society's welfare who can not even then escape from having a pernicious feeling of being biologically inferior to the ordinary, happy-go-lucky artisan.

When the fear of being inferior ceases, the tendency to compensation slows up and wherever we find eccentric or unreasonable attempts to win social esteem, as in the paranoiac's or autistic imbecile's claims, we are sure to find an unavoidable fear of having a certain functional inferiority recognized by others or by the individual himself. Inferiorities that are pernicious causes of anxiety initiate eccentric compensatory strivings, which in themselves become notorious (as gaudy, loud exhibitionism, grandiloquent manners, extravagant claims of wealth, honors, social recognitions, unfounded claims of great inventive capacities, illegal profiteering, bigamy, white-slave exploitation, sexual conquests, fanatical sexual-religious reformations, pathological lying, stealing, etc.) The inferiorities in such cases have been found to be almost invariably sexual. The cases to be presented show that in every instance of pernicious asocial behavior we find that the individual was suffering from an irrepressible tendency to crave that which was sexually perverse or unjustifiable. Their eccentric strivings, while conducive to self-control for perhaps several years, finally became inferiorities because they ceased to win confidence and only aroused ridicule, which soon forced the individual into a vicious, affective circle that became progressively worse.

Vicious circles of compensation in vital organs for a diseased or inferior organ are common enough, as in compensatory emphysema but vicious circles of affective adjustments have not yet been given their due importance.

The psychopathologist and general practitioner must therefore thoroughly familiarize themselves with the mechanisms of compensation in order that, as in compensatory emphysema, a study of the compensation will assist them in diagnosing the true nature of the individual's inferiority and his method of adjusting to it. So soon as we deprive a man of his means of compensating, by forcing him into a vocation which he dislikes, or by preventing him from abandoning a position that deprives him of a means of solving his affective distress, or by discrediting his creations, he tends to become anxious or even panicky. He now becomes a patient, complaining of distressing cardiac, respiratory, gastric, intestinal, rectal, or genitourinary sensations, which we must recognize as flowing from pathological tensions of certain autonomic segments.\*

These tensions are conducive to unbalancing the reciprocal relations of the other autonomic segments, and by their causing a stream of distressing sensations, the autonomic apparatus most effectually forces the individual to make a social adjustment which will permit it to resume its normal methods of working. When an artisan loses his right hand in an accident and complains of insomnia, loss of appetite and a "sinking feeling" in his abdomen, we know that the stomach and viscera in the epigastric region have assumed postural tensions that are the source of a stream of fearful feelings. As he compensates by developing efficient skill with his left hand, the dangers of failure and poverty decrease and the viscera are again enabled to work at a more comfortable tension. But it is the uncomfortable tension of the viscera that forces him to go through the drudgery of learning to apply his left hand. The development of skill must be recognized as having a psychotherapeutic value and a most decided physiological effect upon the autonomic apparatus through enabling it to acquire the stimuli that it needs.

The above type of case is rather simple when compared to the individual whose inferiority is not a lack of skill, physical means or social opportunity, but is due to an irrepressible craving for something or to do something which is absolutely tabooed by society, such as erotic perverseness, or an uncontrollable but unjustifiable

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\*Such terms as "mental," "somatopsychic" or "imaginary" are unsatisfactory when applied to such conditions. They only reveal the diagnostician's loose methods of thinking about such processes.

love, hate or fear. A study of a large group of psychopathic personalities shows consistently that *they are the victims or hosts of persistent autonomic cravings which are conditioned to seek what they regard as perverse stimuli*, such as oral or anal, incestuous, homosexual, autoerotic stimuli, or illegitimate pregnancy, etc. Such individuals may give up the fight for self-control and, submitting to the cravings, become social delinquents or dependents, or hallucinate images of the necessary realities and treat them as realities; as the *simulations* in hysteria or the hallucinations in chronic regressives and paranoics. We find many such individuals in asylums and prisons as well as in society.

On the other hand, the man may strive desperately to master himself and coordinate all his powers upon a compensation that will bring him assurances of being esteemed and will prevent him from becoming conscious of his inferiorities. It has been pointed out before that this striving may or may not be valuable to civilization. After some time it may tend to fail and then is pushed on until it becomes hopelessly eccentric. Behind this compensation, more or less subconscious and vigorous, we find the individual is *afraid, fearful, uneasy* about losing control of himself and becoming dominated by the dissatisfied, perversely conditioned autonomic segment.

It is obvious that the individuals who have marked organic inferiorities, (such as a girlish physique, hairless skin and soprano voice in a male, or a mannish physique, facial hypertrichosis and baritone voice in a female), and serious asocial cravings (for homosexual submission in the male or female), have most terrific difficulties in themselves and society's aversions to overcome. Their struggles are terribly severe when compared to those of the individual whose organic constitution is inclined to be ridiculed but whose training has been so wisely managed that the affective compensations are quite normal; or the individual who is physically true to sex but is affectively perverse but kindly and tolerant and does not hate his critics.

The men and women, who are constituted to be physically and conditioned to be affectively true to the sexual requirements of the race, have no comprehension of the anxiety their more unfortunate brothers and sisters must suffer unless they themselves have had experience with trying to cure them.

The normal men and women, who loved, but finally failed to

win their love-objects, may have some comprehension of the suppression those people must endure who are conditioned to love perversely, but they can never comprehend the terror and panic such people endure when they realize that their ability to control themselves is weakening and they may be forced by their own passions into unredemable social and biological degradation. It is not uncommon to see such men and women desperately resisting the perverse erotic pressure long after a dissociation of the personality has taken place and they are being forced to endure a riot of perverse hallucinations which are produced by the erotic affect's uncontrollable seeking for gratification. The cases of benign dissociation neuroses, (the manic depressive group) and the pernicious dissociation neuroses (the paranoiacs and the paranoid, catatonic and hebephrenic dissociated types), often show these causes of fear and bewildered efforts at compensation and defense.

The cause of functional inferiorities is often due to *fear of using a function or organ* under certain conditions; as fear of examinations or competitions even though sufficiently learned or skillful to meet the test, fear of trying because of being considered awkward, stupid, ignorant or silly, or fear of the responsibilities or consequences involved in the act when the safety of others is dependent upon it. In heterosexual functions fear of pregnancy, venereal disease, social scandals, blackmail, a rival, of being jilted, rebuked, scorned, ridiculed, or of *ejaculatio præcox*, pain, marriage, etc., certainly makes of the opposite sex hideous monsters instead of attractive lovers; hence the erotic affect is turned back to the more easily maintained homosexual or autoerotic adjustment. Inferiorities due to fear of using normal organs are much more easily adjusted than the homosexual fascinations which have existed since childhood.

### Summary

Only those organic inferiorities are compensated for which tend to jeopardize the biological career of the animal by being conducive to failure in the *struggle for life* and *sexual favor*—in man the struggle for *sexual favor* and *social esteem*, social esteem being an elaboration of the sexual interests, is to be given pre-eminence, except, perhaps, during war.

The fear of potential failure stimulates the autonomic appa-

ratus, the individual or organism as a unity or whole, to compensate by developing, or claiming to have developed, skill and power in some socially beneficial and estimable capacity. When the compensation begins to fail as a defense, a vicious affective circle is established which eventually destroys the personality if the causes of *fear* are not rectified. This principle is the same as that death of the organism follows when its physiological compensations fail.

In the following chapters the most prominent types of the ego's compensation or adaptation to the causes of *fear* and the various types of autonomic affective cravings that become causes of fear, although most pleasing to the individual under certain conditions, are illustrated by typical cases.

## CHAPTER V

### MECHANISTIC CLASSIFICATION OF NEUROSES AND PSYCHOSES PRODUCED BY DISTORTION OF AUTONOMIC-AFFECTIVE FUNCTIONS

The following system is essentially based on the integrative functions of the nervous system, the derangements of which produce the psychoses as symptoms. The same forces that build up a personality when harmoniously integrated cause its deterioration when unadjustable conflicts occur. It is always necessary for the progress of any science to be willing to abandon an old system and adopt the new if more efficient and adaptable to facts. The old biology died hard in opposition to Darwin's theory of evolution, and many scholarly old physicians found the germ theory of disease beyond comprehension and utterly intolerable, but in each struggle the more practical and rational method eventually replaced the old. Modern psychiatry is certainly in need of an elastic, adaptable hypothesis, a direct terminology and method of classifying its cases and problems. Should a patient have a typhoid infection and develop nephritis and myocarditis, the clinician would certainly add the words nephritis and myocarditis to his diagnosis and again drop them as the different organs recovered. Psychiatry must find a similar method.

The modified Kraepelinian system of classifying personalities and psychoses fails because it is fundamentally based on a static neurology, emphasizing symptoms and prognosis. Symptoms have been grouped into circumscribed disease entities despite the fact that a large proportion of cases show symptoms which are classifiable into two or three, or even more, groups, such as neurasthenia, manic-depressive types and dementia præcox type; or hypomanic and paranoid. About half the cases are, at one period or other, atypical for the Kraepelinian divisions. Most institutions easily evade this dilemma by dogmatically forcing the most suitable diagnostic term onto the case for statistical purposes. If each important institution could be induced to give, sealed, to a central

# MECHANISTIC CLASSIFICATION OF NEUROSES AND PSYCHOSES PRODUCED BY DISTORTION OF AUTONOMIC-AFFECTIVE FUNCTIONS

DIAGNOSTIC CLASSIFICATION	MECHANISTIC DIFFERENCES	COMMON SYMPTOMS	COMMON CAUSES	OLD DIAGNOSTIC TERMS
SUPPRESSION NEUROSES	Clear to vague consciousness of the nature and effect of the ungratifiable affective cravings.	Decrease of power to coordinate, persistent thoughts, preoccupation, unpleasant dreams, insomnia, errors, accidents, scalp pains, headache, dizziness, stiffness or weakness of external muscles of eyes, back of neck, limbs, back, tongue, pharynx. Increased or decreased secretion of glands of mouth, stomach; dyspnea, tachycardia, high blood-pressure, loss of, or freckishness of, appetite, hyperchlorhydria, diarrhea, constipation, dysmenorrhea, amenorrhea, sexual impotence, pollakiuria, hyperirritability of diseased structures: decrease of energy, or efficiency, or ability to learn.	Fear of responsibility or liability for having, or seeking the relief of, vigorous cravings. Fear of competition revealing functional or organic inferiorities. Fear of pain, injury, loss of money, honor. Fear of violating sacred traditions or transgressions. Love of unobtainable, unresponsive or perverse object. Hate, shame, disgust for unavoidable object.	Psychasthenia (?) Neurasthenia. Hysteria, (?) Anxiety neuroses, Manic-depressive types—mild. Psychoneuroses. Situation and accident neuroses. War neuroses.
	Vague consciousness of the nature and influence of the ungratifiable and affective cravings.	The above plus symptoms of functional distortions of the production of the apparatus and changes in sense organs.	Amnesias (specific). Anesthesias,—specific, localized, general. Hyperesthesias, paresthesias. Postural tensions—spastic, flaccid. Simulations of postures, functions. Convulsions without loss of consciousness. Eliminations of segments or functions, recurring incoordinations, errors, accidents. Misinterpretations, misrepresentations. Fixed preferences, aversions, phobias, compulsions, obsessions (acceptable to the ego), mannerisms, attitudes, fetiches, symbols, rituals, habits, sexual reactions. Cravings for certain stimuli—esthetic, sexual.	Same as above, but usually occurring under more acute, critical physiological and environmental conditions, necessitating immediate relief or forgetting, as unexpected exposure of secret vices, wishes, indulgences, scandals, social cravings, failures, inferiorities.

ACUTE OR PERIODIC

ACUTE OR PERIODIC

PERNICIOUS (Tendency to oppose or refuse to ac- cept the per- sonal source of the wish or craving, to hate those who would attrib- ute a personal source, to blame an ex- ternal or im- personal cause.)	COMPENSATION NEUROSES	REGRESSION NEUROSES	DISSOCIATION NEUROSES	Manic types, Paranoid paraphrenia. Compensatory striv- ings in paresis, alco- holic and drug neu- roses, mental defec- tives. Psychopathic per- sonalities, pathologi- cal lying, specific ma- nias, compulsions, ob- sessions.
	Persistent striv- ing to develop sym- ptoms plus tendent, fanatical team initiated by fear of impotence, or loss of control of asocial crav- ings.	Failure to com- pensate but re- gression to a pre- ceding more com- fortable, irrespon- sible level, per- mitting wishful- filling fancies, postures and in- dulgence.	The uncontrol- lable cravings dominate the per- sonality despite the efforts of the ego to prevent it.	Usually eccentric personal, vocational, ch, professional, religious, artistic, in- striving. Sexual strivings (pimps, se- ductors, white slavers). Eccentric peni- tent acts, reforms, reconstructions, so- licitous interests, obsessions, hypercon- scientiousness, compulsions, divine inspi- rations, occult powers. Increased mus- cle tensions, high blood-pressure, tachy- cardia, exophthalmic tensions. Exhibi- tionistic dress, voice, manners, heedless spending, grand unsubstantiated claims, eccentric modesty, curiosity, etc. Hyperactive glands—thyroid, adrenals, sex,—glycohemina, glycosuria.
	Usually some of the above plus vigorous compul- sions or inspira- tions to strive di- rectly or indirectly for specific en- vironmental-social conditions and po- tent functions.	Distressing vis- ceral tensions, rare, but persis- tent maintenance of characteristic of characteris- tic affective attitudes of the prenatal, in- fantile or preado- lescent stage.	Symptoms of distressing viscer- al tensions, with or without func- tional distortions, with or without eccentric defenses or compensations with (see next space).	Fear of loss of sexual potency and domination by perverse cravings, fear of failure, fear of object, fear of love object, fear of inferior- ity, censure, ridicule, Hyperactive glands— thyroid, adrenals, sex. Glycohemina, glycosuria.
		Evasion of responsibility, general in- efficiency. Wandering, hoboism, homesickness, indifference, apathy, childish day dreams. Lowered muscle tonus, no ca- pacity to compensate to win esteem; indifference to cleanliness, order, sys- tem, cooperation, failure, muteness, amotility, hopeless depression, suicide, preadolescent, infantile, prenatal atti- tudes. Indulgence in excretory erotic play, fancies, childish destructiveness.	Sensory derangements, delusions, hal- lucinations, environmental and social disorientation, uncontrollable preoccu- pation, confusion, delirium, stupor, anxiety, apprehension, panic at loss of self-control, wild or systematic compen- satory striving, bluffing, raging as a de- fense against the uncontrollable crav- ings, defensive compulsion to systemat- ize signs, remarks, proofs of exogenous influences, uncontrollable, unacceptable obsessions, phobias, mannerisms, im- pulses, postures, rituals (distressing the ego), heedless yielding to excretory erotic cravings, fancies of preadoles- cent or infantile nature.	Infantile love fixa- tions; loss of irreplace- able love-object; perma- nent, insurmountable ob- stacles to the love crav- ings; blotting out of dis- astrous or shameful ex- periences or the adoles- cent development of per- verse cravings, partic- ularly autoerotic.
				Irrepressible, uncon- trollable asocial or per- verse segmental cravings. Inability to prevent re- pressed, disguised crav- ings from breaking through the ego's resist- ance because of fatigue, discouragement, depress- ing domination by others, seduction, toxemia, phys- ical shock, unsuitable means of sublimating. metabolic dystrophies.
				Hallucinoses de- liria, due to toxemias, etc. Functional epilepsy (hallucinated). Hysterias and man- ic-depressives (hallu- cinated). Dementia praecox (hallucinated). Paranoid. Catatonic. Hebephrenic. Simple. Mixed.

committee, its actual working system for classifying cases as dementia præcox, manic-depressive, paranoia, hysteria, and neurasthenia, illustrated by cases, the differences would probably be so varied that the whole system would have to be abandoned because the faithful assumption that symptoms are similarly applied and evaluated throughout psychiatry would be brutally discredited. The errors in medical and surgical diagnosis are the result of the failure to discover critical symptoms or the wrong evaluation of the symptoms found. To this difficulty is added, in psychiatry, the fact that personalities vary greatly in their autonomic activities at different times, under different conditions and under the care of different physicians; and the same environmental conditions may have entirely different influences upon different people, and upon the same person at different times. Hence, the symptoms (as irritability) that are shown under certain environmental conditions may not be noticeable under others, and uncontrollable cravings may constitute a benign difficulty in one case and a pernicious influence in another. Many cases may be influenced to change their attitudes toward uncontrollable cravings, so that a pernicious conflict may become quite benign or the reverse; as in autoerotic or perverse cravings—one case may end in suicide and another in a wild orgy, or zealous purification. The strongest argument against the utility of the old system is the manner in which such terms as “manic-depressive” or “dementia præcox” mislead psychiatric curiosity, when there is any. In most institutions the diagnosis “manic-depressive” tacitly means recoverable and “dementia præcox” means incurable, no matter what is done for the case. Hence, when a case, diagnosed “catatonic dementia præcox,” recovers, the inclination is to reconsider it as a stuporous manic-depressive. The analytical study of large, varied groups of cases shows that nothing could be more fallacious or misleading. Remarkable, constructive, healthful readjustments can be made if the autonomic-affective conflict can be corrected and readjusted.

It seems, therefore, much more practical to use a system of classifying psychopaths according to the nature of their autonomic-affective difficulties and their attitudes toward them, because this keeps the dynamic factors directly in psychiatric attention and permits of revision as the cases change. It is adaptable, intelligi-

ble, simple, and the nomenclature is *directly* applicable to the mechanisms involved. It is also comparatively easy to pick out the differentiating factors. *We must not forget that the golden rule in diagnosis is to know what we are looking for because then it is infinitely easier to find it.* Hence the essential mechanistic factors that make a case curable or incurable, or determine its course and prognosis, are used for the terminology in the following system. The psychopathologist, therefore, can only diagnose his case in so far as he understands it. Under the old system the promiscuous diagnosis of "dementia præcox" is correct in over half the cases (in obscure cases in medicine and surgery this is fairly good practice) hence even if the physician knows little or nothing about a case, he is reasonably safe because over half the asylum cases are "dementia præcox types," i.e., disposed to deteriorate.

The descriptive terms, *acute*, *chronic* and *periodic*, are valuable for medicine and surgery and decidedly so for psychopathology. Here the term, *acute*, is reserved to apply to cases of less than one year's duration. *Chronic* is applied to cases having had more than a year's duration or cases that have had an insidious course for more than a year before the consultation. *Periodic* is applied to cases that have periodic or intermittent episodes or recurrences accompanying the repetition of natural phenomena such as menstruation, pregnancy, the birth of a grandchild, marriage or death of child, etc.

The most important question to be answered in any case is, "Is the illness likely to prove destructive or fatal?" In psychopathology the paramount issue is, "Do we have a *benign* or *pernicious* process at work?" In the vast majority of cases, we may safely hold, as an axiom, that the *benign* or *pernicious* nature of the autonomic-affective conflict is determined by the *ego's* adaptation to the pathological cravings. If the *ego* can not accept the cravings as a part of the personality, we have a pernicious mechanism that is sure to force an eccentric, if not asocial, development of the *ego*. If the intolerable cravings are inclined to increase in vigor through natural physiological processes (growth) and exogenous stimulation (as the sexual), we have a malignant process that exerts an incessant pressure to influence an adjustment so that gratification can be obtained. If the sexual cravings are disowned by the *ego* and are conditioned to seek the type

of stimuli which were pleasing in infancy or preadolescence, the destructive influence upon the personality will be greater than if the cravings are postadolescent in type or fully matured, and the resistance is due to an excessive prudishness.

On the other hand, apparently, no matter what the segmental cravings tend to seek, if the *ego* is inclined to accept them as a part of the personality, due to natural causes, and not due to secret, mystic or unnatural influences, the personal conflict is not so *pernicious* but is rather *benign*, because the autonomic distress is less severe and in turn the compulsion to compensatory defenses is less persistent; hence the individual does not become so eccentric and asocial. Furthermore, the benign mechanism is usually accessible to psychoanalysis and constructive readjustment, whereas the pernicious mechanism is extremely difficult to influence. Quite frequently, however, patients' attitudes change from pernicious adaptations to the segmental cravings to *benign* attitudes; as in Case PD-33, an oral erotic submissive homosexual, who for two years was diagnosed a typical "paranoid dementia præcox" because of his convictions that the cravings were caused by secret, hypnotic influences and were not a part of his personality,—causing most eccentric defensive behavior and compensatory, grand, omnipotent, egotistical claims and fancies. Upon the development of a *transference* to me, he asked to have his "*mind read*," and in due course of time the *ego's* fear of the segmental cravings changed to a frank consideration of them, the mechanism changing from an apparently hopeless *pernicious* type to a fairly encouraging *benign* type. As he learned to allow the repressed dissociated cravings frankly to cause him to be conscious of their needs, the weird, hallucinated sensory images of assault, etc., disappeared and the case changed to a *suppression* (anxiety) neurosis of a benign though serious nature. As his sexual cravings became more heterosexual and normal, and the oral eroticism abated, the suppression neurosis and eccentric compensatory striving decreased so far that he had to be discharged as socially readjusted. Under the old classification he would have to be considered as a case of paranoid dementia præcox that had made a social recovery. Under the following system he would at first have been diagnosed as a *chronic, pernicious, dissociation, compensation neurosis*, and, upon discharge, as a *benign suppression neurosis with a tendency to eccentric compensatory striving*.

To emphasize: the essential mechanistic difference between a *benign* neurosis and *pernicious* neurosis lies in the *ego's* attitude toward the segmental autonomic cravings. *So long as the patient retains the tendency to accept the personal source of the wishes or cravings which cause the distress or psychosis we have a benign type; and when the patient develops the tendency to oppose or refuse to accept the personal source of the wish or craving, to hate those who would attribute a personal source for the craving and evasively to blame an external or impersonal cause for the difficulty, we have a pernicious type.* Obviously, the benign attitude is capable of being analyzed and corrected, whereas the pernicious attitude is most difficult to rectify and influence.

The chart shows that the terms, *acute, periodic, or chronic*, are to be prefixed to the terms, *benign or pernicious*, and they in turn prefixed to the different types of neuroses.

The neuroses have been differentiated into five distinct general types, because of the five distinct differences to be found in the autonomic-affective mechanisms. It must be borne in mind, however, that an individual may have one or more mechanisms at one period just as he may have erysipelas and nephritis or become healthy.

The *suppression neuroses* are characterized by the *individual being, clearly to vaguely, conscious of the nature and effect upon himself of his ungratifiable cravings.* Similar autonomic distresses may be caused by the loss of the love-object, through its inaccessibility, as death, indifference, infidelity, or the perverseness that is craved, or through the individual's becoming disgraced and unfit for the love-object, as imprisoned, exiled, ostracized, etc.; or the inability to escape from one cause of fear because of a more dangerous cause, such as the battlefield *versus* court-martial for desertion. For this reason it is utterly unsatisfactory to use such terms as "situation psychoses," "war neuroses," or "shell shock." They are no more scientific and practical than the diagnosis of "automobile fracture," "fall fracture," "jump dislocation," "elevator sprain," or "railway spine."

The *repression neuroses* are characterized by the *individual trying to prevent the autonomic cravings from causing him to be conscious of their nature or needs and influence upon his personality.* He succeeds by maintaining a vigorous, incessant, defensive coordination (concentration of attention) of his egoistic

wishes upon a course that compromises, as a resultant of converging forces, with the repressed cravings. In battle the autonomic tensions which produce the distressing afferent sensory stream, called *fear*, must be relieved. Flight may mean life-long disgrace or court-martial and shooting for desertion. Motor disability or localized anesthesia, as blindness or deafness, results in hospital treatment, hence the "war neurosis" is the symptom of the repressive adaptation to the uncontrollable autonomic reaction. There are certainly two distinct types of "war neuroses"—shown in individuals who know that they are incapacitated by fear, admit they have "lost nerve" but can not control themselves, and individuals who maintain that a bruise, wrench, fall, or explosion caused the functional distortion that keeps them from the battlefield, insisting on the other hand, that they are not afraid.

The psychological mechanism of *suppression*, wherein the individual permits the affect to cause him to be aware of its needs but prevents it from causing overt behavior, is decisively different from the adaptation of *repression*, wherein he not only prevents it from dominating his overt movements, but does not allow it to make him conscious of its existence or true needs (makes himself forget it).

The results or effects of these two adaptations are distinctly different, the effects being the symptoms. Their types reveal the nature of the adaptation—whether *suppressive* or *repressive*. The symptoms of suppression neuroses are mild to severe distressing hypertension or hypotension of some autonomic segment or segments, whereas the repression neuroses show similar effects plus distinct functional distortions of the projicient apparatus or sense organs; such as localized spastic or flaccid paralyses, anesthetics, hyperesthesias, or amnesias, mannerisms, compulsions, unchangeable preferences, persistent thoughts, etc. They are more difficult to treat than suppression neuroses, because the patient's tendency is to prevent the disagreeable affect from causing him to become aware (conscious) of its existence, and the treatment essentially requires that he should allow it to assert itself naturally and then be assimilated or used for constructive purposes.

The *compensation neuroses* as a division naturally follow next. When the individual feels that he has cravings which are socially inferior and detrimental, and wishes to win social esteem,

the *fear* of losing social esteem and *fear* of the influence upon his personality of the intolerable cravings initiates a compensatory autonomic reaction, which in turn compels a course of behavior that is *designed* or *adapted* to acquire some form of comforting social esteem. Obviously, when the asocial cravings cause persistent, intense fear, the compensatory striving is likely to be more vigorous, obsessive, eccentric and socially less adaptable, being frequently designed to destroy or defeat the environmental factors that arouse the intolerable cravings, as well as those opposing the compensation. Hence the eccentric compensatory striving is to be regarded as protective but symptomatic of the fear of a secret functional inferiority.

The *regression neuroses* are quite opposite in type to the *compensation neuroses* in that the individual makes no effort or gives up the struggle to win social esteem and biological potency, regressing to a preceding, usually preadolescent or infantile, functional level. During this sort of adaptation the asocial cravings are acceptable to the *ego* and permitted to run a rampant course of indulgences. The symptoms of the *compensation neuroses* are characterized by striving, egotism, intolerance, grand claims, and usually high tension of the striped muscles, with a general quickening of the autonomic activities whereas in the *regression neuroses* we have social indifference, lethargy, apathy, slovenliness, irresponsibility, suicidal tendencies and a decided general lowering in autonomic and striped-muscle tonus. In the *compensation neuroses* distressing visceral tensions occur almost consistently and may be serious if involving a defective vital organ, whereas in the *regression neuroses* the individual is comfortable.

The *dissociation neuroses*, as the fifth division, follow logically and naturally, covering that enormous group of patients who succeeded in keeping the undesirable cravings repressed until they became dissociated and finally dominated the personality through the increase of their vigor, because of stimulating environmental and metabolic conditions, or the decrease of the vigor of the *ego* because of depressing and exhausting environmental and metabolic conditions. The dissociated segmental cravings may be fought to a bitter finish, as in the paranoid adaptation, or yielded to in abject fear and despair as in the catatonic, or accepted with disgusting glee and abandon as in the hebephrenic and epileptoid.

They may run a consistent course or a periodic course as in the hallucinated, regressive epileptic, who has periods characterized by fair judgment and self-control.

The distinctive symptoms of the *dissociation neuroses* are: (1) the *ego* is forced to be conscious of weird, distorted images (hallucinations) of past sensations (experiences) which seem to gratify the dissociated affect although they horrify the *ego*; and (2) the *ego* is dominated by *unacceptable*, mysterious cravings working as obsessions, phobias, compulsions and inspirations. The dissociation neuroses may or may not be further characterized by severe visceral distress and motor disturbances, localized anesthetics, amnesias, etc.

The distinctive difference between the *benign dissociation neurosis* (hallucinated manic or depressive) and the *pernicious dissociation neurosis* (hallucinated dementia præcox and epileptic) exists in the fact that in the *benign* adaptation the *ego* never quite loses the faculty of knowing that, after all, the most important influences in the psychosis are the wishes or cravings which are getting satisfaction (physiological neutralization). When the formerly *benign* psychopath begins to lose this faculty, a *pernicious* mechanism develops which, unless rectified, will seriously abort the personality. On the other hand, most serious, pernicious maladaptations may be readjusted to benign mechanisms by training the patient to accept the wish-fulfillment in the psychosis.

It is a common occurrence, under the old system of classification, for so-called manic-depressives to change into dementia præcox types. The reverse course is more uncommon, and when it occurs the diagnosis of "dementia præcox" is usually changed to tentative "manic-depressive."

There is often considerable disagreement about the differentiation of paranoid, catatonic and hebephrenic types of dementia præcox, whereas under the mechanistic diagnosis the presence of regressive and compensatory tendencies can easily be covered by these terms. For example, chronic, pernicious, regression, dissociation, compensation neurosis, covers Case HD-4, an apathetic, anal erotic sailor who regressed to a preadolescent, irresponsible social attitude, enjoyed the hallucinated sodomistic pleasures and compensated with claims of great inventive powers and omnipotence.

The studies of Clarke and MacCurdy and others, as well as the cases included in Chapter XIII, show that certain types of epileptics are really biological (erotic) abortions in which the epileptic convulsion has nothing less than the value of an erotic orgasm. These cases are characterized by regression, dissociation and compensation mechanisms shown in their infantile irresponsibility, hallucinations and omnipotent fancies. It is generally recognized that under the old classification, some cases, classified as dementia præcox, develop epileptoid convulsions and a typical epileptoid personality; hence the difference between many epileptics and hebephrenic dementia præcox types is really symptomatic and not mechanistic. Therefore, it seems quite acceptable to classify the epileptoid mechanism under the type of functional neurosis that covers it; most cases, not showing symptoms of dissociation at first, are rather to be classified as pernicious repression neuroses.

In the table, under the heading *common symptoms*, the generic group and the more common symptoms are detailed. The *common causes* can not be fully given except in a semigeneric manner, being as endless as experience. Under old diagnostic terms, those in most frequent use at present are listed.

The terms *suppression*, *repression*, *compensation*, *regression* and *dissociation*, as applied to neuroses, represent levels of deviation from the normal, but one or more terms may be applied to the same case. For example, we may have a *suppression* neurosis with or without the tendency to *compensation* or *regression*. The term *dissociation* implies *repressions* that have finally overcome the *ego's* power of control; hence *repression* need not be used when *dissociation* is used in the diagnosis.

When this system is fully developed the biological nature of the cravings which are repressed or dissociated, will also be designated, as love, shame, hate, fear, sorrow, as well as the level to which the regression has occurred, as adolescent, infantile, nursing, prenatal.

*In conclusion* the term "psychosis" is not used because, after all, the sensory phenomena which we are conscious of as thoughts and wishes are really integrative physiological processes and the term "neurosis" is more consistent with the integrative functions of the nervous system.

This system of differentiating and classifying psychiatric cases is to be considered as essentially biological. It is hoped that it will be fully tested and adequately readjusted. I have found it most useful for correlating important, essential attributes of widely scattered and apparently dissimilar cases, which could hardly be possible under the old systems of classifying them. Unfortunately, it is necessary to present Chapters VI to XIII, covering the neuroses and psychoses, according to the old system of classification with parallel references to the new system because the old system is now in general use. It is hardly necessary to remark that terms designating the hyperactive condition of some gland of internal secretion or the presence of an infection, toxin or drug can be used by adding "with" hyperthyroidism, typhoid or morphine intoxication to the type of neurosis.

## CHAPTER VI

### THE MECHANISM OF THE SUPPRESSION OR ANXIETY NEUROSES

Anxiety may vary in degree from brief to continuous slight visceral discomforts about the cephalic, pelvic, cardiac or epigastric regions, to very severe general physical discomforts. It may occur intermittently or endure indefinitely. These variations are determined by the nature of the affective conflict. The more severe forms may be characterized by vertigo, headache, a disagreeable sense of "stiffness" in the extrinsic muscles of the eyes, and at the base of the occiput and muscles of the neck, nausea, vomiting, tremors, reduction of digestive capacity with eccentric appetite, abdominal griping, diarrhea or constipation, rectal tenesmus, cystic tenesmus, dismenorrhea, amenorrhea, excessive micturition, incontinence of feces or urine, dyspnea, tachycardia, increased blood-pressure sometimes, a disagreeable postural weakness, felt particularly in the muscles of the forearm and hand ("weak grip"), and those extensor muscles of the thigh ("weak in the knees") and the back ("spineless") which continuously oppose gravity, restlessness and insomnia, also facial apathy or an overcompensatory tenseness, aresonant voice sounds, persistent thoughts, and inability to create new thoughts in order to meet even trivial emergencies, such as keeping business schedules, etc.

The anxiety is felt in the form of distressing sensations that arise from the (anxious) postural tensions which various visceral segments assume when the environmental situation contains the possibility of danger or failure.

Experiments upon dogs, cats and humans by Cannon, Carlson, Crile, Pawlow, and others show, upon causing fear or anger by presenting a potentially harmful stimulus, reduction in the capacity of the stomach to secrete digestive fluids both in quantity and in digestive quality, a marked tendency to achlorhydria and an increase of mucus, inability to macerate the food or to pass it into the duodenum, a protective tendency to regurgitate food,

and a reduction in the blood supply to the stomach, intestines, pelvic viscera and external sexual organs, and a generally weakened muscle tonus and contractibility of the viscera. The decreased secretive capacity of the salivary glands and the intestines is to be included with the general inhibition of function of the stomach; hence, general decrease of the assimilative and eliminative powers of the digestive apparatus. The uncomfortable sensations that flow from the hypertense or hypotense visceral posture have probably become necessary to compel the animal to remove the environmental stimulus, or escape. Behind the patient's complaints of "indigestion," "constipation," "heart burn," "stomach burn," "gastric ulcer," etc., this mechanism, as a fear reaction, should be seen at work and the complaint *never* considered to be "imaginary."

A gradual reduction in weight and general physical power, as well as in capacity to compensate against the onslaught of disease or the waste of fatigue, results if a solution is not found.

Obviously, it is vitally necessary for the organism to be able to *compensate* when it is subjected to a painful stimulus in order that the stimulus, as such, may be evaded or reconstructed. Compensation applies to potential dangers and failures as well as infections and injuries.

Cannon and others have shown that following a painful stimulus, whether of a distance, or contact, or proprio-receptor, the compensation takes place in the form of definite physiological changes, the most important of which so far demonstrated, are the following:

(1) Decrease in blood supply to the digestive system and sexual organs, and a reciprocal increase of blood supply to the organs that have to do with the defense and attack. (2) Increase in the sugar and adrenin content of the blood. (3) Increase of the thyroid secretions. (4) Rise of blood-pressure. (5) Increase in the rate and amplitude of the cardiac systole.

This physiological adaptation and compensation to sustain the expenditure of energy is *vitally necessary*. Upon its immediate and sufficient occurrence depends the organism's power to evade, destroy or reconstruct the painful stimulus or situation so that comfort giving stimuli may be obtained.

It should be recognized that this compensatory mechanism, like all physiological functions, may react *inadequately, sufficiently,*

or *excessively*. Upon the degree of the reaction depends the nature of the individual's adjustment, as to whether or not it is *timid*, *submissive* and *depressive* in type, or *admirably well balanced* (common sense in type), or *drastic* and *eccentric*, as violent anger at unpleasant but banal situations.

Anxiety is felt when the compensation is insufficient or when its excessiveness, being difficult to control, is also a source of danger. The visceral muscle tensions and localized vasomotor engorgements or anemias, that also contribute sensations which constitute anxiety, are located mostly in the digestive system. This may be due, phylogenetically, to the fact that upon the consistent normality of the digestive functions depends the general health and nutrition of the organism. The capacity to cause the distressing sensations, it seems, has been gradually acquired through evolution as the best means of compelling the organism to act decisively and rearrange its environmental relations by removing the painful factors or removing itself from them, so that the digestive functions can maintain their normal course with as little disturbance as possible. Then only may, eventually, the reproductive cravings accomplish the propagation of the race.

There has been considerable difficulty in applying this compensatory mechanism to human behavior because in most situations the presence of the painful stimulus is not apparent to the observer or to the individual himself, unless he has made a particular search for it and is trained to recognize it as such, often it is a potential or possible danger to be encountered in the future.

The influence of the mechanism of *compensation* is also to be seen in the sexual functions, that is, in the potency of the individual, because, whenever uncompensated fear comes into the sexual situation, sexual potency becomes diminished proportionately. The individual can only be considered sufficiently potent when he has overcome such obstacles as indifference, poverty, obscurity, ignorance, the rival's malice, expense, and social obligations and also has the capacity for confident, courageous but refined preliminary wooing, followed by copulation with an adequate affective climax upon seminal emission, which, in turn, produces relaxation. Whenever anxiety or a subtle fear reaction accompanies the sexual act, although the excitement and erection may be maintained, the emission is usually precocious, and the af-

fective adjustment is unsatisfactory. A heightened irritability remains, and, consequently, dissatisfaction with the sexual object. The physiological cause of the impotence is probably the failure of adequate vasomotor engorgement of the sexual organs. This accompanies the shift of the blood supply to the head segment and the defensive organs, which, in turn, is due to the presence of a *fear* arousing stimulus somewhere in the implications of the sexual indulgence. This fact is of enormous significance to health, and is underestimated by most physicians.

It is generally recognized that flushing or pallor, trembling, aresonance of the voice, stuttering, fidgetiness and more or less confusion, complete loss of ability to talk or think coherently, when one is about to address an audience, are due to some form of embarrassment of the integrative functions. The individual feels, besides the above outward signs, marked increase in the rate and strength of the heartbeat, rise in the blood-pressure, and perhaps nausea or incontinence of the bladder or rectum. In every reaction of this sort that I have been able to analyze, it has been shown that, even though the audience was interested, the speaker was afraid that his talk would not have the desired effect. This was due either to the fact that he desired too much, that is, to make a "hit" or to be recognized as "brilliant," or that some one was present who was felt to be secretly resistant and hostile to the speaker. Both situations are the same, in that the audience, because it may be indifferent or bored, becomes a painful factor and causes a fear of failure reaction which is promptly compensated for by the increased rate and strength of the heart-beat, facial flushing, etc. Since this, in turn, reveals the individual's anxiety and deficient power, and, becoming recognized by the audience, makes the members ill at ease, it further increases the painfulness of the situation by establishing a vicious affective circle between the audience and the speaker.

Most speakers overcome this by the very simple little readjustment of not desiring to scintillate, and, resolving to say their best, humbly accept the acknowledgment for whatever it is worth.

This mechanism applies to all situations where the degree of potency of the individual's social influence depends upon the public's, or another's, response. The individual may protect himself by keeping in mind an imaginary, appreciative, future generation

or an absent group as a comforting factor against the indifference of the less important, present critical group. This is usually the dreamer's method of escaping from reality and competition.

The anxiety that follows upon the death or degradation of someone we love, or the loss of something we like, is due to the pain aroused by the environment when it does not contain an object upon which we may depend for certain protective, invigorating stimuli. A comfortable readjustment occurs as soon as a satisfactory situation, substitute, symbol or image is found.

Such prolonged phenomena as men working consistently for years at a profession, science or art, etc., often, when analyzed, show that the driving power is the compensatory striving that results from the subconscious but continuous fear of the possibility of failure, or of losing esteem by deteriorating to a level relatively lower than a competitor's efficiency. The profession or vocation is the individual's means of winning esteem as well as safety and nourishment; hence, anything that even indirectly pertains to the loss of esteem, as by someone becoming relatively more desirable, should normally arouse a compensatory "speeding up" of the autonomic apparatus—reenforcing the wish to act or "will to power."

*Because of this, it should always be recognized that whenever any form of anxiety is complained of, the autonomic apparatus has not been able to compensate sufficiently or has had to overcompensate in order to struggle with a hostile environment. The failure of compensation may be due to one of two general causes, either some organic disease within the organism has prevented the physiological compensation, or the requirement from the environment is too great, as in anxiety because of inferior skill in a serious, emergency resulting finally in surrender to avoid the emergency although this entails the loss of an unreplaceable love-object and a serious state of apathy.*

We are especially concerned, in this chapter, with the failures of compensation in individuals who are not compelled to meet an obvious, extraordinary stress and do not have an organically deficient structure; as defective adrenals, thyroid, or heart. The failures to compensate adequately because of *affective suppressions* are the most important for psychopathology, clinical medicine and sociology, and are the most numerous. Therefore. they

are given the most emphasis in this chapter. The *anxiety and compensations for organ inferiority*, which have been heretofore considered, are the same in principle as *anxiety because of fear of failure*. There is much serious confusion in psychiatric literature regarding the failures to meet stresses. We find cases discussed pro and con under such titles as constitutional inferiority, psychopathic personality, constitutional psychopathy, paraphrenia, psychasthenia, neurasthenia, chronic invalidism and "diseases of the will." None of those symptomatological groups are satisfactory if the discussions of various contributors to the literature are compared. They vary more vaguely than the recommendations for feeding diabetics have varied. Obviously, an arbitrarily standardized set of symptoms would have no value, except to give it a name, hence a comprehensive term having a physiological basis may well be used to designate the mechanism.

The term *suppression* or *anxiety neurosis* includes the whole group of names which have just been referred to in the sense that they are all failures at physiological compensation. The abnormal or asocial adjustment is the individual's eccentric attempt to retain the prospects of maintaining a comfortable physiological state. The inability to meet many painful situations honestly often requires the enduring of severe, prolonged anxiety. Great men must have the courage and fortitude to fight for a principle even though it cost everything; youth should be trained to develop this faculty and rather than accept a disgraceful favor prefer to lose or continue to suffer anxiety. This anxiety can only be endured because of the hope of an ultimate reward. This last point is of critical importance to the individual and its source lies in the family training, the family and religious traits of the people, and the justified hope of final gratification. The great difficulty in developing this autonomic trait of character lies in the secret yielding to illicit temptations or accepting half justifiable solutions of a test, as the trickery to win popularity in politics.

The failure to compensate, in the organically normal, under stresses that are not unusually severe, is due, as will be shown, to *affective suppression* or *repression* and its insurmountable cause.

In any crisis, the potential threat causes a fear reaction which normally is immediately followed by a vigorous autonomic compensation. This, in turn, forces the individual to adopt measures

or actions so as to counteract the threat of injury or loss. If, however, this reflex protest has, in childhood, been repeatedly punished, that is, if it only resulted in thereby acquiring more punishment, the autonomic system gradually becomes firmly conditioned to make either an indirect or dishonest protest, or to submit to the threat because, from experience, punishment is then less severe. Thereby hangs the catastrophe. The capacity for aggressive initiative is lost and with it goes *virility*.

Darwin's submission to his father, the submissive tendency of Case AN-3 and Guiteau's father's fanatical determination to make his son acknowledge submission, are simple instances of the child's difficulties with the insurmountable parent and some of the adjustments that the youth may be compelled to make.

When a father determines to "break the child's spirit," and unjustly exercising his power, forces it to submit, either one of two disasters results. Either the child submits and later as an adult is never able to protest for its rights and compete successfully or dominate in competition, can never become a leader, must always work for someone, can not assume serious business responsibilities because that requires constant protesting movements against competitive encroachment; or the child develops an irrepressible tendency to react with excessive hatred, that is, excessively compensates, when irritated or resisted. The variations in the adjustment of the struggle with an oppressive parent are largely determined by the attitude of the other parent giving one party of the conflict moral support, hence justifying or depressing the counter-attack by the child. In this manner the irreparable father-son or mother-daughter feud becomes established. Sons of beautiful indulgent mothers, when the latter tend to plead that their sons shall submit to the all wise, irritable father, often become sexual perverts and even go through crucifixion psychoses "to please the father" and mother (Cases CD-1, CD-2, AN-3). Parents who do not really love children, and, living for their own pleasure, force the helpless child to adjust itself to unnatural interests, discouraging its initiative through indifference and suppressing it with threats of punishment and moralizing opinion, gradually, insidiously, deprive it of its power to protest against the encroachments of other people upon its struggle for happiness. Hence it can not develop the necessary aggressiveness which is vitally necessary

for successful love making, or the courage to compete with rivals for the love-object or social esteem. Instead of wooing and competing, it wishes to be wooed and protected; instead of becoming projective and aggressive, it becomes receptive and submissive and seeks to attach itself to the strong at any sacrifice—too often as a sexual pervert.

The paranoid group shows that, when these individuals become aware of the fact that the submissive feelings are decidedly depriving them of their virility, they either pass through a bitter, anxious struggle and gradually compensate by the most eccentric endeavors to discover the secret of omnipotence, or become incurable regressives if not fortunately protected.

In the psychology of the family it has been shown that the father or mother, through conscious and unconscious resistances and coercions, cultivates the child's affective cravings to assume a characteristic attitude and seek definite objects and methods of expression. These methods of fulfilling the wish may or may not cause the individual, when he or she becomes an adult, most distressing anxiety. This depends upon the nature of the social requirements and the resistances which have to be overcome. It is always necessary to bear in mind the question, "Does the individual suffer from an ungratified craving for a normal but inaccessible object, or does he suffer from a wish for an abnormal, degrading object?" The two following cases of eminent scientists are selected to show the mechanism of prolonged struggles to *sublimate affective needs* in highly developed personalities, and the chronic anxiety endured because affective suppressions had to be made, which, in turn, were due to the unmodifiableness of the resistance to the affect and the fixed manner in which the affective-autonomic cravings had been *conditioned*.

### Charles Darwin

#### The Affective Sources of His Inspiration and Anxiety Neurosis\*

The psychoanalytic study of these particular attributes of Charles Darwin's personality must necessarily be rather abruptly circumscribed. To do thorough justice to Darwin's personality one ought to read everything he published and all the family and

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personal history that can be obtained and then present the material in an analytical biography. It is hardly necessary to eulogize Darwin's greatness in order to make the analytical study of his inferiorities and compensations acceptable to the hero-worshipping public.

Charles Darwin's contributions to the progress of civilization and welfare of humanity stand second to no man's. He has done more for the liberation of human thought than the combined careers of Alexander the Great, Julius Caesar, Napoleon and other so-called liberators, and his character needs no defense. It is of great value to know how he succeeded in refining the autoerotic cravings inherently active in every individual, and in sublimating the father's repressive influence, thereby making it possible for the affective cravings to create the long series of original researches into the mechanisms of nature. It is quite probable that no individual can be capable of consistent original thinking who has not succeeded in freeing himself from the parent's resistant domination. As to how much Darwin's sexual life played a part in his scientific curiosity may be estimated from the fact that he laid great emphasis upon the mechanism of *sexual selection* as a determinant for the survival of pleasing attributes; hence, for variations in structure and movement. He says, in his "Descent of Man," that the German naturalist and philosopher Haeckel was the only scientist whose writing showed that he fully appreciated the significance of sexual selection, to which now may be added the new school of psychopathologists.

Another indication of Darwin's interest in the sexual functions is to be seen in the titles of his books, such as "The Descent of Man and Selection in Relation to Sex," "The Effects of Cross and Self-Fertilization in the Vegetable Kingdom," "On the Various Contrivances by which Orchids are Fertilized," and "On the Origin of Species by Means of Natural Selection."

In this analytical study several discussions of Darwin's sexual life are, of necessity, frankly made. No one who reads Darwin's letters can help but duly appreciate the splendid manner in which he sublimated his sexual cravings, keeping himself pleasant, unirritable, appreciative and grateful, which, of course, is not usual for the sexually discontented.

Charles Darwin's paternal grandfather, Erasmus Darwin,

was a physician, poet and naturalist.\* He wrote "Zoonomia, or the Laws of Organic Life," (signs by which animals are known and may be named). His feelings in regard to nature study may be estimated from his introductory phrase, "The whole is one family of one parent." He was a studious theorizer but not very practical in his scientific work, and Charles Darwin, when an elderly man, came to be disappointed in the excess of theory and the scantiness of facts in his book. Like most men who devote most of their love to creative thinking, he seems not to have been a very practical father. This was due, also, perhaps, to a "certain acerbity or severity of temper" (p. 6). His second son, Erasmus, became a suppressed, psychopathic personality. The latter was quiet, retiring, had eccentric, self-indulgent interests, was, in some respects, brilliant, never married, and committed suicide at forty while in what seems to have been a state of "incipient insanity" (p. 8).

His third son, Robert Waring, the father of Charles Darwin, became a physician upon his father's command. Even though he detested the work his father gave him no choice (p. 12) and, despite his aversion for it, he developed a large country practice. There are indications that Robert and his father, Erasmus Darwin, did not understand each other in the matter of profession or finances, for his father "brought him to Shrewsbury before he was twenty-one years of age and left him twenty pounds, saying: 'Let me know when you want more, and I'll send it to you.' His uncle, the rector of Elsten, afterwards also sent him twenty pounds, and this was the sole pecuniary aid which he ever received" (p. 8), which seems to imply that although he needed money he preferred to depend upon a relative. This fact may have had quite a genetic influence upon his attitude, later, toward his son Charles whom he rebuked for carelessly spending money while at college. It is worthy of consideration that Charles Darwin, in turn, was unusually generous with his son, Francis, about some of his careless debts contracted while at college. Francis Darwin says: "My father was wonderfully liberal and generous to all his children in the matter of money, and I have special cause to remember his kindness when I think of the way he paid some Cambridge debts of mine—making it seem almost a virtue in me

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\*Darwin, F.: The Life and Letters of Charles Darwin. Information in this study is taken from the above work, and the numbers following quotations, as (p. 6), refer to its pages.

to have told him of them.” The attitude of Charles Darwin toward the matter of his son’s college debts stands out in striking contrast to the attitude of his own father. Charles Darwin, in money and business matters, was extremely careful and exact. “He kept accounts with great care, classifying them, and balancing at the end of the year like a merchant. \* \* \* His father *must have allowed him to believe* that he would be poorer than he really was, for some of the difficulty experienced in finding a house in the country must have arisen from the *modest sum he felt prepared to give. Yet, he knew, of course, that he would be in easy circumstances*” (p. 98). (The italics inserted.) From this statement, it seems that Charles Darwin, although he knew he had sufficient resources, was unable to use them more freely than he did because he felt constrained by his father’s influence to deny himself. An indication that his father’s attitude had caused him no little sorrow may be seen in the carefully considered manner in which he made the debts of Francis seem “almost a virtue.” This affective restraint, which Darwin imposed upon himself in order to keep peace with his father, and which will be associated later with other facts, gives us one important indication as to the mechanism of Darwin’s chronic anxiety.

To return to Darwin’s parents. His father was a man of unusual insight into human nature, for he practiced the present psychoanalytic principle of inducing an affective catharsis and readjustment in his patients as a method of treating the distress caused by affective suppression—*anxiety*. Charles Darwin says: “Owing to my father’s power of winning confidence, many patients, especially ladies, consulted him when suffering any misery, as a sort of Father-Confessor. He told me that they always began by complaining in a vague manner about their health, and by practice, he soon guessed what was really the matter. He then suggested that they had been suffering in their minds and now they would pour out their troubles, and he heard nothing more about the body” (p. 12). Robert Darwin also found that the sexual forces played a critical part in the attainment of happiness or misery, as is obvious from the following statement: “Owing to my father’s skill in winning confidence, he received many strange confessions of misery and guilt. He often remarked how many miserable wives he had known” (p. 12).

In further characterizing his father Charles Darwin says: "The *most remarkable* power which my father possessed was that of reading character, and even the thoughts of those whom he saw even a short time. We had *many* instances of the power which seemed *almost supernatural* (p. 12). (Italics mine.) Darwin follows this comment with three illustrations. The first one was how his father never, "with but one exception," made an unworthy friend, and, in this instance, a clergyman, who was "little better than an habitual swindler," was soon discovered. The second was the loaning of twenty pounds to a complete stranger who had lost his purse and promptly proved reliable, and the third was the detection in an insane young man, who accused himself of all the crimes under heaven, that he was guilty of a heinous crime. "His sympathy gave him *unbounded power* for winning confidence"; he was the *most acute observer* whom I ever saw"; and "the *wisest man* whom ever I saw." (Italics are inserted to emphasize the superlative use of superlatives.) In order successfully to conceal undesirable wishes and emotions from a father having such unusual qualities for detecting them, it would be necessary to repress them most assiduously from consciousness. It is quite probable that Darwin's interest in the expression of the emotions in man and animals was aroused by his father's capacity to read secrets of behavior from the manner in which emotions are expressed.

Robert Darwin married Susan, the favorite daughter of Josiah Wedgwood of Etruria, a very close friend of his father's and it is quite probable that her esteem for her father-in-law was greatly enhanced by her own father's admiration for his intelligence. She seems to have had, according to a miniature and an account of her by friends, "a remarkably sweet and happy face," expressive of a "gentle, sympathetic nature" (p. 9). She is said to have enjoyed a most benevolent regard from her father-in-law (Bettany), and through this affective influence probably became deeply fascinated by his poetical, scientific curiosity, and much interested in his theories as to the causes of variation and evolution of life. She was very fond of flowers and pets. The tameness and beauty of her pigeons were the admiration of her friends. (The origin and variations of domestic pigeons form a most important part of the "Origin of Species.") The sincerity and frankness of her atti-

tude, no doubt, gave her son Charles a distinct impression about the things in life that fascinated her. She was very sympathetic and seems to have had a protracted, wearisome illness which caused her death when Charles was but eight years of age. Her charming interest in nature gave him, it seems, a fixed inspiration, a wish to solve the riddle that fascinated his lovely mother. It must have been her romantic fondness for flowers which inspired her son to search there for the secret of her fascination, because when he attended Mr. Case's school at eight, he had already begun to collect "all sorts of things"—shells, seals, franks, coins, minerals, and "*tried to make out the names of plants.*" (Collecting was a well-developed characteristic of several of Darwin's uncles.)

The Reverend W. A. Leighton, who was a playmate of Charles Darwin at this school, remembered his bringing a flower to school and saying that "*his mother had taught him how by looking at the INSIDE of the blossom the NAME of the plant could be discovered*" (p. 26). (Names are usually given in science, and also ordinarily, according to the genetic origin or dynamic nature of the object—to know the secret of the name is to know the secret of the child's or flower's origin.) The boy, Leighton, whose childhood curiosity and inspirations were later considerably gratified by becoming a botanist of well-known reputation, tried to discover the secret. He says: "This (secret) greatly aroused my attention and curiosity, and I inquired of him repeatedly how this could be done, but his lesson was, naturally enough, not transmissible" (p. 26).

Whatever was the exact source of the fantasies exchanged by the two boys, it was certainly a budding curiosity about genesis (sexual), because Darwin, in his autobiography, says at sixty-seven: "One little event during this year *has fixed itself very firmly* in my mind, and *I hope that it has done so from my conscience having been afterward sorely* troubled by it; it is curious as showing that apparently I was interested at this early age in the *variability of plants!* I told another little boy (I believe it was Leighton) that I could produce variously colored polyanthuses and primroses by watering them with certain coloured fluids, which was, of course, a monstrous fable, and had never been tried by me" (p. 27).

Why should Darwin, fifty-nine years later, with his fine in-

sight into the naturalness of immorality in children, write this confession of an act of immorality committed at eight and apologize for it as a "monstrous fable" that simply would not fade with time. Most unforgettable incidents of childhood which later become painful memories are, in some manner, associated with a sexual transgression, and it is the severity of the struggle to refine the sexual interests that gives prominence to the transgressions of the past, like an old scar on a highly polished surface. The self-refinement tendency in Darwin is definitely revealed in his comment, "I hope that it has done so from my conscience having been afterwards sorely troubled." This eight-year-old boy's fantasy, that he could produce a variation in the colors of flowers by watering them, was told at the age when children are inclined to wonder seriously about the possible genetic qualities of their excreta, and the painful attributes of the "monstrous fable" were not in the story as retold at sixty-seven, but in the associations it had at eight. It is quite probable that Darwin's fancy that he could cause variations in the colors of flowers by watering them was suggested by the manner in which they gradually faded and died after he had repeatedly urinated upon them (not an uncommon experiment of boys), and the fancy was told as a child's recompensative wish. The urinating on the flowers probably had the value of being a fertilization curiosity. (See the fertilization curiosities in the list of Darwin's publications to be given later.)

Whether or not Darwin's mother actually propounded her enchanting riddle to her boy is not quite so important as the fact that he said she did, showing how keenly his wishes relished the fancy that she had revealed to him the one secret of life that fascinated her—the secret, which, if read, would reveal the origin and creation of life and—himself. Children from seven to ten are usually passionately fond of riddles. It is the trial and error method of finding the answer to the omnipresent riddle as to their origin. Soon after this innocent exchange of confidences with her boy, the beautiful mother died—went on a long journey into the night.

At ten, this boy was still collecting minerals with much zeal, still searching for the answer to his mother's riddle and her wish that he could know. He says, "all that I cared about was a new-named mineral" (p. 31).

We must not forget "Zoonomia."

During the next seven years in the classical schools, he was an indifferent student, and earned the reputation of being more difficult to teach than the average boy. The cause of this is evidently in the fact that his sponsors persisted in trying to make him learn stuff for which his affective cravings had an aversion. Criticism and rebuke seemed to fail as arousing stimuli, as did also changes of schools and teachers. In his autobiography, Darwin estimates the value of his schooling in the following sentence (p. 40): "During the three years which I spent at Cambridge (studying theology) my time was wasted, as far as the academical studies were concerned, as completely as at Edinburgh (studying medicine) and at school."

The personal history of Darwin shows that after his mother's influence nothing pleased him like the study of nature and never for a day does he seem to have abandoned his quest. No doubt this adolescent speculator upon the secret of life was subtly, but decidedly, impressed by the family's romantic interest in the nature of the recognition the grandfather's theories of evolution were winning from the great scientists of England. At the time of the following critical incident, his enthusiasm about the merits of his grandfather's studies was at its height. He was admiring "greatly" the theories in the book, "*Zoonomia*," when accidentally his conviction was fixed by the enthusiastic remarks of a hero-friend. The remarks were made under those subtly impressive circumstances which make them irresistible because they suggest an attractive solution for an uncomfortable affective conflict. He and his older brother, *upon his father's insistence*, were attending Edinburgh University in preparation for the practice of medicine, his father's and grandfather's profession. Both boys had insurmountable resistances to medicine, but the father persisted, it seems, in sending them to this sort of school, because the classical school had been a miserable failure. Charles Darwin, though inspired to learn the names and secrets of biological and geological objects, was utterly distressed by names and words in the form of languages. For him, it was like marrying the wrong sister. No little anxiety was felt by Darwin's earnest father as to what his son's future as a man might be, and this pressure, no doubt, made the solution of a career most desirable for all concerned if it could only be found. His mother had innocently, therefore the more

irresistibly, named her wish for her boy's destiny, and his father's wishes, that he should study some profession, only diverted him from the quest. While in this restless affective dilemma, the solution came in a most fortunate manner for the future of civilization.

Adolescent Darwin (seventeen) was walking with maturing Dr. Grant, several years his senior. He says, in his autobiography: "I knew him well; he was dry and formal in manner, with much enthusiasm beneath the outer crust." (This boy had achieved one of the supreme delights of a boy's life; he had overcome the reserve of his hero and was learning, through sharing confidences, some of his impressions on the secrets of life and what works of men aroused his admiration. In his autobiography, Darwin expresses disappointment, even when an old man, that this hero of his youth did not write more and develop his interests fully.) "He, one day, when we were walking together, burst forth *in high admiration* of Lamarck and his views on evolution. I listened in *silent astonishment*, and, as far as I can judge, (paradoxically) without any effect on my mind. I had previously read the 'Zoonomia' of my grandfather, in which similar views are maintained, but *without producing* any effect on me. *Nevertheless, it is probable that the hearing rather early in life such views maintained and praised may have favoured my upholding them under a different form in my 'Origin of Species.'* At this time I admired greatly the 'Zoonomia'—as well as Doctor Grant." (The italics and parenthesis are inserted.)

This confidential revelation, by his impressive hero, of a similar interest in the secrets of the evolution of life, firmly approved the soundness of Darwin's sacred wish of childhood, to learn the secret of nature as a geologist. Although he began his scientific career as a geologist, we find as he grew older he reverted to his first wish and became more and more interested in the secrets of fertilization and variation of plants and animals. Finally, he gave the world the following answers to his mother's sacred riddle:

#### Books\*

"On the Various Contrivances by Which Orchids are Fertilized by Insects," at fifty-three.

"The Movements and Habits of Climbing Plants."

"The Variation of Animals and Plants under Domestication," at fifty-nine.

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\*This is by no means a complete list of Darwin's publications.

- "The Descent of Man and Selection in Relation to Sex," at sixty-two.  
 "The Expression of the Emotions in Man and Animals," at sixty-three.  
 "Insectivorous Plants," at sixty-six.  
 "The Effects of Cross and Self-Fertilization in the Vegetable Kingdom," at sixty-seven.  
 "The Different Forms of Flowers on Plants of the Same Species," at sixty-eight.  
 "The Power of Movement in Plants," at seventy-one.

## PAPERS

- "Observations on the Structure and Propagation of the Genus *Sagitta*," at thirty-five.  
 "Vitality of Seeds," at forty-six.  
 "On the Action of Sea-Water on the Germination of Seeds," at fifty.  
 "On the Agency of Bees in the Fertilization of Papilionaceous Flowers," at fifty-seven.  
 "On the Tendency of Species to Form Varieties; and on the Perpetuation of Varieties and Species by Means of Natural Selection" (Darwin and Wallace), at forty-nine.  
 "On the Agency of Bees in the Fertilization of Papilionaceous Flowers, and on the Crossing of Kidney Beans," at forty-nine.  
 "Do the Tineina or other Small Moths Suck Flowers? and If So, What Flowers?" at fifty-one.  
 "Fertilization of Vincas," at fifty-two.  
 "On the Two Forms, or Dimorphic Condition, in the Species of *Primula* and on their remarkable Sexual Relations," at fifty-three.  
 "On the Three Remarkable Sexual Forms of *Catasetum Tridentatum*," at fifty-three.  
 "On the Existence of Two Forms, and on Their Reciprocal Sexual Relations, in Several Species of the Genus *Lineum*," at fifty-five.  
 "On the Sexual Relations of the Three Forms of *Lythrum Salicaria*," at fifty-five.  
 "On the Movements and Habits of Climbing Plants," at fifty-six.  
 "On the Character and Hybrid-Like Nature of the Offspring from the Illegitimate Unions of Dimorphic and Trimorphic Plants," at fifty-nine.  
 "Notes on the Fertilization of Orchids," at sixty.  
 "The Fertilization of Winter-Flowering Plants," at sixty.  
 "Pangenesis," at sixty-two.  
 "Fertilization of *Leschenaulta*," at sixty-two.  
 "Fertilization of the *Fumariaceae*," at sixty-five.  
 "Flowers of the Primrose Destroyed by Birds," at sixty-five.  
 "Sexual Selection in Relation to Monkeys," at sixty-seven.  
 "The Scarcity of Holly Berries and Bees," at sixty-eight.  
 "Notes on the Fertilization of Plants," at sixty-eight.  
 "A Biographical Sketch of an Infant," at sixty-eight.  
 "Fertility of Hybrids from the Common and Chinese Goose," at seventy-one.  
 "The Sexual Colors of Certain Butterflies," at seventy-two.  
 "Movements of Plants," at seventy-two.  
 "The Parasitic Habits of *Molothrus*," at seventy-two.  
 "On the Modification of a Race of Syrian Street-Dogs by means of Sexual Selection," by Van Dyck, with a Preliminary Notice by C. Darwin.

To "The Different Forms of Flowers on Plants of the Same Species" he made the following significant comment: "No *little* discovery of mine ever gave me so much pleasure as the *making out of the meaning of heterostyled flowers*. The results of crossing such flowers in an illegitimate manner, I believe to be very important as bearing on the sterility of hybrids." (Italics inserted.)

It would be most undesirable to leave the impression that the affective transference to Dr. Grant, through its reenforcement of his childhood wishes, alone made it possible for Darwin to overcome the wishes of his father, (that he should become a physician or a minister) and devote his life to the particular work which gratified his attachment to his mother. The friendship of Prof. Henslow, which, he says, "influenced my career more than any other" (p. 44), and, of the geologists, Sedgwick and Lyell, and others, besides the contributions to science which he read, furnished the medium through which his inspiration could work satisfactorily. The essential point is the fact that before he met Henslow, his affective trends had become quite definitely fixed, and it was now only a matter of finding the proper associations and material with which to work.

From nineteen to twenty-two, he attended Cambridge to train himself for the ministry, because, it seems, his father and sisters had decided that, since he would not study medicine, there was nothing else desirable. Fortunately, they were not too resolutely persistent, and Darwin's yearnings were tenacious and vigorous enough to endure the disconcertions of classical literature until he met Prof. Henslow. Prof. Henslow, he says, was a man "whose knowledge was great in botany, entomology, chemistry, mineralogy, and geology" (p. 44) and who later became a minister. Perhaps this complex personality, as a life-long friend, saved Darwin from floundering under his father's resistance, after he had started on his course. Henslow's knowledge of biology gratified the mother attachment, and his ministerial interests gratified the father attachment. Later, Henslow's inducement enabled Darwin to make a neat sublimation of the father's wishes.

At twenty-two, in Cambridge, he says: "I read with care and profound interest Humboldt's 'Personal Narrative.' This work, and Sir J. Herschel's 'Introduction to the Study of Natural Philosophy,' stirred up in me a *burning zeal to add even the most hum-*

*ble contribution* to the noble structure of Natural Science. No one of a dozen other books influenced me nearly so much as these two" (p. 47.) (His affective needs were ready for the books and these men, and he assimilated the scientific knowledge that helped to satisfy the ardent wish of his childhood with "burning zeal.")

Darwin's affective needs resisted his father's influence that he should study medicine or theology, even though he had obediently consented, upon his father's instigation, to become a clergyman, but they accepted Henslow's suggestion that he should study geology with enthusiasm. This course satisfied the fundamental wish to know the names and secrets of minerals and made life sincerely worth while. Had it been necessary for, say psychiatric reasons, to take Darwin's life history at this time, his father would probably have conscientiously said that he was not a good student, was indifferent to the serious interests of life, a sport, ratcatcher, card player, drinker, and waster of time, more obstinate and self-willed than his brother. His brother, whom he called "poor old Philos" and "poor old Ras," had, by this time, completely submitted to the father's wish.

In regard to the origin of the subsidiary wish to travel, which also urged Darwin to make the important voyage of the *Beagle*, he says: "early in my schooldays a boy had a copy of the 'Wonders of the World,' which I often read and disputed with the boys about the veracity of the statements; and I believe that this book first gave me a wish to travel in remote countries, which was ultimately fulfilled by the voyage of the *Beagle*" (p. 31), and the voyage was additionally attractive because it enabled him to answer the wish of his childhood, to know the truth of the serious claims of his playmates and the author. In other words, his "Journal of the Voyage of the *Beagle*" improved the story of travels which he read in his childhood.

When the opportunity for the voyage of the *Beagle* came through the kindness of Henslow, his master in science, he says his father "strongly objected, adding the words, fortunate for me, 'if you can find any man of common sense who advises you to go I will give my consent'" (p. 50). This vigorous protest, no doubt, was aggravated by Darwin's past three years of sporting indulgences at Cambridge, which he, himself, later characterized as "time worse than wasted." His father had often rebuked him for

his sporting proclivities, and plainly said he was seriously afraid his son might become a regret to the family. Darwin's father had probably not forgotten the tragedy of his brother's suicide, and was at a loss to know how to influence his son. He had persisted in sending him to Edinburgh to study medicine and when he refused to become interested he had sent him to study theology at Cambridge, only to see him persistently waste his opportunities.

His son's method of wasting time and money, through sports, card-playing and drinking companions, has every attribute of being his manner of protesting against the impatient attitude of his father who was an abstainer. Their affective resistances had become such a barrier that neither was able satisfactorily to influence the other. We learn that Darwin's sisters had become the medium of exchange of certain opinions between father and son from the fact that the father learned through his daughters that his son Charles was not interested in medicine. After the father had expressed his distrust of the voyage of the *Beagle*, Charles wrote a letter declining the opportunity and promptly went on a shooting trip to Maer. It was one of the interests his father objected to because he cared more for it than a profession.

The father's inability to see his son's zeal for scientific research in this vitally important request, as well as in the selection of an undesirable course of training for both of his sons, strikingly contrasts with the persistent manner in which Charles Darwin later attributed to his father the qualities of being "the wisest man" he ever saw and a man having "almost supernatural" powers of reading character. Additional facts, to be more fittingly presented later, show decidedly that these conflicts greatly influenced the pathological nature of Darwin's later submission to his father and the over-compensation of gratitude which he developed. The letters relative to the *Beagle* opportunity show how extremely eager he was to go and how seriously he considered the opportunity but also how entirely, because of his affection for his father, he was dominated by the latter's opinion.

In a letter to Henslow (p. 169) he wrote, "My father, although he does not decidedly refuse me, gives such strong advice against going, that I should not be comfortable if I did not follow it."

"My father's objections are these: the unfitting me to settle

down as a clergyman, my little habit of seafaring, the shortness of the time, and the chance of my not suiting Captain Fitz-Roy \* \* \* if it had not been for my father I would have taken all risks \* \* \* there certainly could not have been a better opportunity."

In the postscript occurs a sentence that clearly reveals Darwin's utter affective dependence upon his father's approbation and pleasure: "Even if I was to go, my father, disliking, would take away all my energy" (p. 170).

After Darwin had resigned himself to the loss of this wonderful opportunity, he promptly went to the home of the Wedgwoods—his future father-in-law's. Apparently, there, they all talked it over, for the next day he wrote a letter to his father. It begins rather timidly:

"My dear Father—I am afraid I am going to make you again very uncomfortable. But, upon consideration, I think you will excuse me once again, stating my opinions on the offer of the voyage. My excuse and reason is the different way all the Wedgwoods view the subject from what you and my sisters do.

"I have given Uncle Joe what I fervently trust is an accurate and full list of your objections, and he is kind enough to give his opinions on all. May I beg of you one favour, it will be doing me the greatest kindness, if you will send me a decided answer, yes or no? If the latter, I should be most ungrateful if I did not implicitly yield to your better judgment, and to the kindest indulgence you have shown me all through my life; and you may rely upon it I will never mention the subject again" (p. 170).

One can hardly help being deeply impressed by the almost tragic appeal that this young man (twenty-two) makes for parental consent to his freedom of thought and behavior. Twice in the same letter he refers to the delicate question of idleness. "The time [on the voyage] I do not think, anyhow, would be more thrown away than if I stayed at home," and "I must again state I can not think it would unfit me hereafter for a steady life." (Such earnest pleas as this, although he was a "ratecatcher," show how seriously he was interested in life, if only the controlling powers would let him be free.)

Darwin's list of his father's objections reveals his attitude about his inability to direct his son's career:

(1) "Disreputable to my character as a clergyman hereafter."

(2) "A wild scheme."

(3) "That they must have offered to many others before me the place of Naturalist."

(4) "And from its not being accepted there must be some serious objection to the vessel or expedition."

(5) "That I should never settle down to a steady life hereafter."

(6) "That my accommodations should be most uncomfortable."

(7) "That you [father] should consider it as again changing my profession."

(8) "That is would be a useless undertaking" (p. 172).

The objections 1, 2, 7, and 8, the most important, indicate that the father's resistances to naturalists' wasting time were probably the result of his economic stresses as a student and practitioner due to his own father being a rather indifferent provider, probably because of the enormous amount of time he sacrificed in unremunerative theorizing about nature. Charles Darwin says that his "father's mind was not scientific, and he did not try to generalize his knowledge under general laws, yet he formed a theory for almost everything which occurred," which indicates that some resistance prevented him from grouping his theories as his own father had.

To return to the objections. Josiah Wedgwood replied in a letter to Darwin's father, in which he took up each point separately and supported the wishes of his future son-in-law. The answer to the first objection is interesting in that it reveals what enlightened Englishmen thought of naturalists in 1831. (1) "I should not think that it would be in any degree disreputable to his character as a clergyman. I should on the contrary think the offer honorable to him; and the pursuit of Natural History, though certainly not professional, is very suitable to a clergyman."

Darwin's father, fortunately, was not so obstinately cruel and self-centered as to resist this final plea from his son and relatives. He consented in "the kindest manner," and the enthusiasm with which Darwin reacted is revealed in several letters to his friends, in which such phrases as the following are to be found: "I am

sure it will be my fault if we do not suit" (in regard to his liking his captain). "What changes I have had. Till one [o'clock probably] today I was building castles in the air about hunting foxes in Shropshire, now llamas in South America. There is indeed a tide in the affairs of men." "What a glorious day the fourth of November will be to me! *My second life will then commence, and it shall be as a birthday for the rest of my life*" (p. 187); to Henslow, whose "protégé" he liked to consider himself to be: "*Gloria in excelsis* is the most moderate beginning [of the letter] I can think of"; to his friend Fox he wrote: "Every now and then I have moments of glorious enthusiasm, when I think of the date and cocoa trees, the palms and ferns so lofty and beautiful, everything new, everything sublime." When repressive influences are removed the affective response immediately rises with enthusiasm and exuberance. Smoky, noisy London became, for the first time in his life "very pleasant," "hurry, bustle and noise are all in unison with my thoughts;" and the crowded little ship became "the most perfect vessel that ever came out of the dockyard."

Darwin had a fine capacity for visualizing, which is to be seen all through his letters, and there can be little doubt but that the "second birth" he referred to meant that he proposed to remain a naturalist, marry Emma Wedgwood and devote himself seriously to his work.

The vigor of Darwin's interest in science, as a young man, certainly varied as his father's wishes forced him from the studies that gratified his affective attachment to his mother, and it was fortunate that his uncle was quite well aware of the family situation.

Darwin writes in his autobiography: "The voyage of the Beagle has been by far the most important event in my life and has determined my whole career; yet, it depended on so small a circumstance as my uncle (future father-in-law) offering to drive me thirty miles to Shrewsbury, which few uncles would have done, and on such a trifle as the shape of my nose" (p. 51). The captain of the Beagle disliked the shape of Darwin's nose, believing that it indicated weakness of purpose and energy. He, however, was persuaded to accept the offer for service because of his zeal. This, his father had failed to appreciate. (This complicated, decisive incident is comparable to an accidental association of mechanical

or chemical devices that sometimes saves a man from a life of fruitless, painful striving after an inaccessible object by giving him a practical medium through which the wish may, at last, struggle freely for gratification.)

Darwin, as a psychological problem, would be only half considered, if we did not include an analysis of his *chronic anxiety neurosis*, which lasted over forty years, and attempt to estimate the nature of his affective suppressions and his manner of dealing with them, because, in many respects, Darwin's difficulties were of a type that often becomes extremely destructive to the personality. It is quite probable that, had his father suppressed the voyage of the Beagle, it would have ruined his son (like Erasmus) because the submission would have prevented the frank sublimation of his mother-attachment. This mechanism, in more active form, is frequently the most prominent factor in many dementia præcox cases.

The first indications that Darwin had a psychoneurotic tendency came out, as would be expected, upon the first strenuous demands for adaptation when accompanied by home or love-sickness, which bothered him greatly. Such symptoms as the following, occurring in a student, would lead one strongly to suspect an autoerotic difficulty that had not been completely mastered. Besides cardiac palpitation and anxiety he had other neurotic symptoms.

In a letter (p. 180) written September 6, 1821, to his sister, Susan, is the first significant reference to his personal difficulties. The unconscious manner in which the thoughts are associated together is quite important. He begins with a series of requests for wearing apparel, and then, when he makes the request for a little book, "If I have got it in my bedroom—'Taxidermy,' he adds, "Ask my father if he thinks there would be any objection to my taking arsenic for a little time, as my hands are not quite well, and I have *always* observed that if I once get them well, and change my manner of living about the same time, they will generally remain well. What is the dose? Tell Edward my gun is dirty. What is Erasmus' direction?" (Italics inserted.)

The arsenic tonic for the neurotic hands, of which he is unduly conscious while trying to make a demonstration of his best qualities in order to be accepted for the voyage, is interestingly associated with the queer observation, which is given so much importance by the "always," that if he once got them well, that is,

under control, and changed his *manner of living about the same time*, they generally remained well. This sort of phrase is enigmatical in almost any sense unless it reveals the manner in which he had mastered the natural onanistic curiosities of youth. The associations—taxidermy, arsenic, hands, show how frankly Darwin permitted his thoughts to associate. Tonic—defective hands—defective gun and Erasmus should be considered to have been written in the same trend of thought. Erasmus was biologically not a well-developed heterosexual type, was not creative, retired while a young man and never married.

It is very interesting, in this connection, that, three days later, Darwin again wrote to the same sister (p. 182): "Captain Fitz-Roy first wished a naturalist, and then he seems to have taken a sudden horror of the chances of having somebody he should not like on board the vessel." In the previously quoted letter in the paragraph following the arsenic request, he says "from Captain Fitz-Roy wishing me so much to go, and, from his kindness, I feel a predestination I shall start." (Fitz-Roy seems to have been about twenty-three at this time, and the two were to share quarters together. While at sea, Fitz-Roy developed a negativistic attitude toward Darwin which almost disrupted the voyage. At sixty-seven, Darwin said he "was a man very difficult to live with on the intimate terms which followed our messing by ourselves in the same cabin" (p. 51). (This indicates that Fitz-Roy was inclined to become irritable under the strain of sexual suppression.) From his autobiographic comments, Darwin apparently misunderstood Fitz-Roy's reference to his sensuous nose as his true reason for hesitating to take him on the journey. It is quite probable that the astute Dr. Darwin was well aware of his son's personal difficulties, if we consider the manner in which he read the sexual difficulties of his patients, which Darwin characterized as "supernatural." This may have been the true basis for the fear that it might ruin him for the ministry. Homosexuality is a serious problem among seamen. In the same letter, Darwin shows that he met the emergency and mastered himself completely, for he says, following his comments on his successful bargain for new pistols and a gun, and Fitz-Roy's fine guns, that he would not need to take arsenic. The final arrangements had then been made and the slightly regressive tendency was relieved. According to some psychiatric notions the neurotic and cardiac symptoms, plus a

suicidal uncle, would have branded Darwin as a constitutional inferior failing to accommodate under stress.

It was not until five weeks after his letter, in which he mentioned Fitz-Roy's uneasiness, that he bared the yearnings of his soul to this stranger, instinctively assuring him that all was well by the splendid sublimation that, on the day of sailing "my second life will then commence, and it shall be as a birthday for the rest of my life." The nature of the fifty-two years of married life that followed the voyage shows clearly how well Darwin meant exactly what he said.

No doubt Fitz-Roy and Darwin had no occasion to lose their esteem for one another. The voyage lasted five, instead of three, years, during which time Darwin suffered severely from seasickness, nausea, vomiting and dizziness, but the enormous amount of work he did, and the accuracy of his journal, which has been incorporated in the Harvard Classics, show how splendidly he sublimated his affective cravings.

While on the voyage he had a serious illness which his father was unable to diagnose from a description of the symptoms, but it can hardly be assumed to have left a debilitating effect, because, after the voyage, while working at his specimens, he wrote of his good health and spirits.

Dr. W. W. Johnson,\* in his article on "The Ill Health of Charles Darwin: Its Nature and Relation to His Work," in which he covers the symptoms and the physical stresses of the voyage, and his intense method of work, concludes that the illness was "chronic neurasthenia."

Dr. G. M. Gould, in his "Biographic Clinics," reviews the case of Charles Darwin, and, after discussing Dr. Johnson's diagnosis, concludes that the ill health was due to "eye-strain." Both men seem to have overlooked or given little importance to the anxiety about his hands that Darwin complained of before the voyage or to the affective suppressions that distressed him.

The indications, many of which have been collected in the following discussion, are that, if we will consider the nature of Darwin's work, its affective value to him, what he anticipated it would mean to civilization and the excited criticisms it would arouse, the attitude of his father, and his manner of working, it is quite

\*American Anthropologist, Vol. III, 1901.

probable that he suffered from an anxiety neurosis due to consistent affective suppression. The nature of the affective suppression will be discussed after other important personal traits of Darwin and the symptoms of his illness have been fully covered.

About two years after his return from the voyage of the *Beagle*, he began to be troubled by becoming occasionally "unwell." I could find no definite account of an organic disease until he was an old man, and none of his physicians, including his father, seemed to consider an organic lesion as the cause of his illness. Many hints as to the symptoms and nature of his anxiety neurosis may be found scattered throughout the biography published by his son, Francis, and in his letters and autobiography. Some of the more definite remarks are here collected because they indicate the nature of the anxiety neurosis, and, from an analysis of his compensations and methods of obtaining relief from anxiety, we are enabled to acquire an insight into the nature of his affective struggle and the determinants of his final course of living.

In the critical years between his return from the voyage of the *Beagle* (twenty-seven) and his marriage (thirty) Darwin passed through his final affective readjustment. He was inclined to reflect deeply on the subject of religion, read books on metaphysics, which indicates that he still conscientiously considered the ministry and "the subject was much before my mind" (p. 274), but he says "disbelief crept over me at a very slow rate, but was at last complete. The rate was so slow that I felt no distress." During these years the first important experience of becoming "unwell" is recorded, and the later course of his anxiety indicates that it was a reaction to his efforts to adjust himself for his career, his father, and his mating. (It is important to recognize the fact that individuals having too strong an affective attachment to one of their parents, often experience an unfathomable anxiety when they attempt to mate, because in the mating the individual tends to repress the affective interests that do not idealize the love-object, and this repressed affect produces anxiety through its struggles to break through the resistance so as to find its own love-object.)

He married at thirty, and lived in London, but at thirty-three he retired to the restful seclusion of Down. As he grew older, he isolated himself more and more from social intercourse. Before his retreat to Down he went alone on one more geologizing tour

to North Wales, and this was the last time he tried to climb a mountain. What final resolutions and emotional changes Darwin experienced on this trip are not recorded by him, but shortly after this he retired to Down where he became a chronic invalid and his wife-mother became his devoted nurse. Francis Darwin fittingly says: "No one, indeed, except my mother, knows the full amount of suffering he endured, or the full amount of his wonderful patience. For all the latter years of his life she never left him for a night and her days were so planned that all his resting hours might be shared with her. She shielded him from every avoidable annoyance, and omitted nothing that might save him trouble, or prevent him becoming overtired, or that might alleviate the many discomforts of his ill health. For nearly forty years [almost throughout his marriage] he never knew one day of health like the ordinary man, and thus his life was one long struggle against the weariness and strain of sickness. And this can not be told without speaking of *one condition (wife) which enabled him to bear the strain and fight out the struggle to the end.*" (Italics inserted.)

Another most important fact must be added because it enabled him to play in nature study according to his wishes. His economic independence was established through his father's good will. It must be recognized that his wife-mother and his economic independence, as a secure source of protection for his family and himself, made it possible for him to endure his chronic affective conflict because he could thereby avoid the aggravations that usually arise when an individual, having serious affective suppressions, is required to adapt himself to the demands of a self-indulgent mate or the stresses of competitive business. These two facts probably saved Darwin from utter ruin long before the "Origin of Species" could have been published.

During the critical period of affective renunciation of orthodox mysticism for the more serious and more sacred truths of Nature, from twenty-seven to thirty, Darwin's interest changed in other important respects. He discovered "unconsciously and insensibly, that the pleasure of observing and reasoning was a *much higher* one than that of skill and sport" (p. 53). He also became definitely convinced of his own place in nature and the significance of his theory of evolution. He says (pp. 75, 76), "As

soon as I had become, in 1837 or 1838 [age twenty-eight or twenty-nine], convinced that species were mutable productions, I could not avoid the belief that man must come under the same law. Accordingly I collected all notes on the subject for my own satisfaction, and for a long time without any intention of publishing." His cautiousness shows how clearly he foresaw the criticisms that would be hurled at him because of the pain his theories would arouse in others. His ability to recognize this, of course, could only have come from the pain he himself experienced when he quietly renounced his orthodox wishes as to the future of man. His next sentence shows how clearly he apprehended the nature of the illegitimate claims orthodox minds are tempted to make in the name of religious righteousness. He says, "Although in the 'Origin of Species' the derivation of any particular species is never discussed, yet I thought it best, in order that no honorable man should accuse me of concealing my views, to add that by the work 'light would be thrown on the origin of man and his history.' " (p. 761).

His first child was born when he was thirty, and he says, "I at once commenced to make notes on the first dawn of the various expressions which he exhibited, for I felt convinced, even at this early period, that the most complex and fine shades of expression must all have had a gradual and natural origin." (In this respect Freud's contribution, that the sexual functions evolve gradually as a variation from nutritional functions, is neither a new nor a radical departure.)

It is worthy of consideration that Darwin's father, although he hated medicine, submitted and, from having "no choice," followed his own father's profession but was unable to accept the implications as to the origin of man that were taught by his theories in "Zoonomia" (that all forms of life were "one family of one parent"). Besides this resistance, he strongly wished that his son Charles, after he had refused to become a physician, should accept, *en masse*, the dogmas of the Church of England and become a country clergyman. (This seems to have been an expression of opposition to "Zoonomia.") These factors indicate that the father's resistance to his son's yearnings to work on the same problem that had interested his grandfather had a far deeper emotional determination than probably any of the family allowed

themselves to consider. That Charles Darwin's consecration of himself to science was a most sacred resolution is firmly supported by the zeal, patience, and care with which he worked, as well as by such statements as this, in his autobiography: "I remember when in Good Success Bay, in Tierra del Fuego, thinking (and I believe, that I wrote home to that effect) that I could not employ my life better than in adding a little to Natural Science. This I have done to the best of my ability and critics may say what they like, but they can not destroy this conviction" (p. 73). The delicate manner in which father and son had to adjust their wishes is indicated by the statement regarding the intention that he should become a clergyman: "Nor was this intention and my father's wish ever formally given up, but died a natural death, when, on leaving Cambridge, I joined the Beagle as naturalist."

It is permissible to infer, therefore, that Darwin's *consecration* of himself as a naturalist for the welfare of humanity, besides gratifying and beautifully sublimating his mother-attachment, also gratified his father's desire that he should religiously consecrate himself to the welfare of humanity, which is remarkably like the mechanism of the sacrifice of the devoted Son Christ if we consider certain other facts.

At thirty-three, (incidentally the year of the Crucifixion) he retired from London to seclude himself for the remainder of his life in the isolated, rural home of Down. That he literally wrote his studies of nature with consecrated devotion is obvious from his life of self-denial, the careful exactness with which he maintained his working schedule, Sundays, as well as week-days, the enormous output of material, some 7,000 pages of scientific research, the "sacredness" with which he regarded the objects of his study, his humility, and the anxiety he endured lest he should make a mistake or offend some one.

Probably the same biological cravings that dominate us all and have insisted upon cherishing the fantasies about renunciation of envy by Christ in the Garden of Gethsemane, the Crucifixion and Burial of all selfish, worldly (sporting) interests, and the conversion and ascension in life through seeking truth and generously tolerating censure, urged Darwin, irresistibly, onward. For the sake of Man, he endured the taunts and ridicule and curses of the orthodox thinkers of his time, as Christ endured the persecutions of the orthodox Jews nineteen hundred years ago.

It is a very serious undertaking for a man to consecrate himself too severely to his inspirations. Comparatively rugged vulgarity and mischievousness are emotional exercises that have an important balancing influence and prevent too consistent repressions of affective interests of an important type as well as distressing atrophy in others. The personality tends to become psychopathic, not unlike the seclusive, shut-in, fanciful hero Christs, and many of our paranoid psychopaths, who heedlessly accept their inspirations without controlling them. Observations of Darwin's behavior from thirty-three until after seventy show the nature of his anxiety. Until after his marriage, Darwin was very vigorous, fond of sports, and endured physical hardships on his explorations with little distress.

At forty, he wrote to Dr. Hooker, presumably his physician: "Everyone tells me that I look quite blooming and beautiful and most think I am shamming, but you have never been one of those." And it must be remembered that at this time he was miserably ill, far worse than in later years (p. 90). We are told that "his expression showed no signs of the continued discomfort he suffered," even though, "when he was excited with pleasant talk his whole manner was wonderfully bright and animated and his face shared to the full in the general animation."

"Like most delicate people, he suffered from heat as well as from chilliness; it was as if he could not hit the balance between too hot and too cold; often a *mental cause* would make him too hot, so that he would take off his coat if anything went wrong in the course of his work." (*Italics inserted.*) This observation gives at least some insight into the delicate affective balance on which Darwin's self-control swung and how quickly he overcompensated for the fear of making a mistake or doing something he might regret. He was pathologically conscientious, exceeding by far the limitations of common sense. Another example of his hyperconscientiousness is to be seen in his letter writing. "He received many letters from foolish, unscrupulous people, and all of these received replies. He used to say that if he did not answer them he had it on his conscience afterwards. He had a printed form to be used in replying to troublesome correspondents, but he hardly ever used it" (p. 98).

Darwin's kindness and appreciation of the interests of others was so *remarkably* developed that it must be considered to be more

than a grateful compensation for his burdensomeness to others, for we find it to have been a consistent reaction, even with unknown, "unscrupulous correspondents," and his publisher, who had never met him, said, "Everything I did [for Darwin] was right, and everything was properly thanked for." We also find that in conversation he was peculiarly anxious not to become burdensome by repeating a story twice or by talking when others showed impulses to do so.

The spontaneous development of such traits of hyper-appreciativeness may have, as a compensatory growth, a logical inciting cause in the fear of being offensive, ungrateful and inappreciative. The cause of this fear, however, since the soothing nature of his own family life was almost perfect, must he looked for in suppressed emotions that he had to be incessantly on guard against, and which, perhaps, contributed to wearying him into invalidism.

A further indication of his emotional difficulties is to be seen in his habits. "After dinner he never stayed in the room, and used to apologize by saying he was an old woman who must be allowed to leave with the ladies. This was one of the many signs and results of his constant weakness and ill health. Half an hour, more or less, of conversation would make the loss perhaps of half the next day's work. He became much fatigued in the evenings, especially of late years, when he left the drawing-room about ten, going to bed at half-past ten. His nights were generally bad, and he often lay awake or sat up in bed for hours, suffering much discomfort. He was troubled at night by the activity of his thoughts, and would become exhausted by his mind working at some problem which he would willingly have dismissed. At night, too, *anything which had vexed or troubled him in the day would haunt him, and I think it was then that he suffered if he had not answered some troublesome person's letter*" (p. 101). (Italics inserted.)

This duly confirms the impression that Darwin's careful gratefulness and conscientiousness were also a necessary compensation to protect himself from anxiety and the horrors of sleepless nights and uncontrollable thoughts. He dared not become contentious or critical, because, if he did, even in little conversations, assume the postural attitude necessary for the successful criticism of another, the suppressed affect literally overwhelmed his self-con-

trol and could not be checked even in the late hours of night. This unfortunate man must have suffered excruciating distress in his later years as his resistance weakened, but, sitting up in bed, a defense against anxiety and fear, with his wife, who dared not leave him alone at night, they shared the distress together.

That this disturbance of function had an affective basis and not an organic one is indicated, not only by the fine old age he reached, but by the fact that most people regarded him to be in good health and shamming, and no organic lesion was found by his physicians until his last years.

"Any public appearance, even of the most modest kind, was an effort for him," the marriage of his oldest daughter caused undue fatigue and he was unable to attend the funeral of his father. He rarely traveled and, even if he were leaving home for a week, the packing had to be commenced early on the previous day and the chief part of it *he would do himself*. "The discomfort of a journey to him was, at least, latterly, *chiefly in the anticipation*, and in the miserable feeling from which he suffered *immediately before the start*, even a fairly long journey, such as that to Coniston, tired him wonderfully little, considering how much of an invalid he was" (p. 107).

This sort of fatigue and weakness, due to *anticipation*, reminds one of the fatigue that is so disastrous to athletes when they become overly anxious before a race or game. The extent to which his anxiety might affect him when in society may be gathered from this comment in his autobiography: "My health almost always suffered from the excitement, violent shivering and vomiting attacks being thus brought on. I have therefore been compelled for many years to give up all dinner-parties; and this has been somewhat of a deprivation to me, as such parties always put me into high spirits. From the same cause I have been able to invite here very few scientific acquaintances." So methodically did he have to live that his schedule could not be comfortably varied from week-day to Sunday.

It is quite evident that Darwin's constant problem was to protect himself from anticipations and conflicts because his autonomic-affective reactions caused severe anxiety and insomnia. It is to be regretted, because of its great importance to psychology, that the nature of his thoughts and dreams under such conditions were not recorded.

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A contributory cause of Darwin's tendency to anxiety and excitement must be recognized in the important fact that he was a sincere man and his discoveries of the laws of nature, destined subtly to produce a serious change in religious practices, were severely criticised by the rampant orthodox with probably as much vindictive unreasonableness as psychoanalysis is enduring today.

The isolation of himself from the public greatly protected him, but this would hardly be sufficient to insure him from the fear of making a mistake or of wasting time or of offending his father.

The most disastrous affects of chronic anxiety are of course digestive and nutritional, and Darwin's digestive functions were seriously affected. His long, thin legs showed the meagerness of his powers to assimilate nourishment. It seems that the most satisfactory treatment he found was "hydropathic," and his biography indicates that he must have tried many forms of treatment.

Darwin's interests in life were most decidedly eccentric if compared to the interests of the average healthy scientific researcher. He exercised little interest in business and read little current literature besides his newspaper unless associated with scientific work. He was very fond of novels, but his serious interests were devoted entirely to certain genetic problems in biology and geology. He says: "*My chief enjoyment and sole employment throughout life has been scientific work*; and the excitement from such work makes me for the time forget or drives away my daily discomfort" (p. 65).

His manner of working in regard to saving time also shows how intensely he had compensated for the charge of being a waster of time in his youth. Francis Darwin says (p. 121), as to his manner of working: "One characteristic of it was his respect for time; he never forgot how precious it was. This was shown, for instance, in the way in which he tried to curtail his holidays; also, and, more clearly, with respect to shorter periods. He would often say that saving the minutes was the way to get work done; he showed his love of saving the minutes in the difference he felt between a quarter of an hour and ten minutes' work; *he never wasted a few spare minutes from thinking that it was not worth while to set to work*. I was often struck by his way of working up to the very limit of his strength so that he suddenly stopped in

dictating, with the words, 'I believe I mustn't do any more.' The same eager desire not to lose time was seen in his quick movements when at work."

"He saved a great deal of time through not having to do anything twice. Although he would patiently go on repeating experiments where there was any good to be gained, he could not endure having to repeat an experiment which ought, if complete care had been taken, to have succeeded the first time—and this gave him a continual anxiety that the experiment should not be wasted; he felt the experiment to be *sacred*, however slight a one it was" (p. 122).

"In the literary part of his work he had the same horror of losing time, and the same zeal in what he was doing at the moment, and this made him careful not to be obliged, unnecessarily, to read anything a second time" (p. 122).

In regard to saving, he is said also to have used the backs of his note-sheets in order not to waste paper and, because of this, many historically interesting sheets were destroyed.

The above noted characteristic of saving time, energy, opportunity and material was decidedly more developed than is usual for the average biological researcher. Why? What strange influence could have determined this trait of character?

As a schoolboy, preceding, during and after adolescence, his father, besides others, regarded him to be more stupid and lazy than the average boy and his father was honestly afraid he would become a source of regret to his family. When he came to his father for consent and encouragement to make the cherished voyage of the *Beagle*, he was derided for utterly lacking common sense; and, when he returned home, the "sensitive" father did not frankly acknowledge his interest as a naturalist or his intellectual improvement, and admit that he had been mistaken in his judgment, but, compromisingly, turned to one of his daughters and remarked, "Why! the shape of his head is quite altered!" (p. 53). This was a phrenological observation which approved of the signs of intellectual improvement in his son, but did not offer a frank retraction of his former impression and create an opportunity for honest emotional readjustment. Darwin precedes this comment in his autobiography with the significant statement, in the same paragraph, "I discovered, though unconsciously and in-

sensibly, that the pleasure of observing and reasoning was a much higher one than that of skill and sport. That my mind became developed through my pursuits during the voyage is rendered probable by a remark [quoted above] made by my father, who was the most acute observer whom ever I saw, of a skeptical disposition, and far from being a believer in phrenology."

This revelation, an additional reason for Darwin's change of interest from sports to intellectual pursuits, becomes duly significant when we associate with it the fact that his father, when he heard from his daughters that Charles did not like the thought of becoming a physician, proposed that he should become a clergyman. "He was very properly vehement against my turning into an idle sporting man, which he considered my probable destination." His father regarded a voyage with the *Beagle* as a "wild scheme" and an idle, sporting adventure. The romantic circumstance in which Darwin's uncle testified for Darwin's sincerity of purpose, no doubt, put it up to his honor not to betray his uncle's confidence, and, moreover, to win his father's approbation lest he should later regret having given his consent; hence, the gradual change of interest from worldly sports to higher interests of reasoning as a wish-fulfillment.

The enormous collection of observations that Darwin made on this voyage verified his sincerity and diligence, but it did not win frank approbation, as the father's behavior showed in the first critical moment of meeting the returning prodigal, but self-respecting, son.

His father, though deeply sympathetic, was too sensitive to make the complete admission that the voyage had proved to be a common-sense proposition, and that he had been mistaken in his judgment. Darwin's regard for his father prevented him from showing any disappointment at the evasive greeting upon his return home after five years of adventure in the obscure quarters of the earth; but, in his later years, his "peculiar" use of admiring superlatives in regard to his father's wisdom and sympathy indicate that it was probably at that time that all feelings of disappointment in his father's attitude were resolutely suppressed and the father was accepted as utterly unable to do a wrong. The disappointment in his father's judgment was kept suppressed by over-evaluating his wisdom. Francis Darwin makes the significant comment: "Charles Darwin's recollection of everything that

was connected with his father was peculiarly distinct and he spoke of him frequently, *generally prefacing an anecdote with some phrase as 'My father, who was the wisest man I ever knew,'* " (p. 10). (Italics inserted.) "His reverence for him was boundless and most touching. He would have wished to judge *everything else* in the world dispassionately, but anything his father had said was received with *implicit faith*" (p. 10). In contrast to this significant, complete acceptance of his father's word (whereby, of course, all possibility of conflict of opinion or expression of doubt and displeasure was removed), we find that Darwin said to his daughter, as she writes it, that "he hoped none of his sons would ever believe anything because he said it, unless they were themselves convinced of its truth—a feeling in striking contrast with his own manner of faith" (p. 10), and a direct admission that his attitude toward his father was not a healthy one, but the best adjustment that he could make under the circumstances of (1) his affective attachment to his father, whereby he was the victim of his transference, and his love for his mother and her interest, (2) his economic dependence, and (3) the necessity of avoiding conflicts in order that he would not be distracted from his researches.

The carefulness with which Darwin adjusted is to be seen in his "peculiarly distinct" recollection of "everything that was connected with his father," and his secret difficulties, which passed unobserved by most people, may be estimated by the following impressions he had of his father. He was "very sensitive, so that many small events annoyed and pained him much. He was easily made angry, but his kindness was unbounded" (p. 18). (If not made angry, is to be presumed.) Darwin's father seemed to have an unforgettable memory for painful events because, when he became older and unable to practice, he refused to go driving for the reason that every road was associated with painful memories. It may be repeated here that he also characterized his father thus, "his chief mental characteristics were his powers of observation and his sympathy, neither of which I have ever seen surpassed or even equalled" (p. 11), and "the most remarkable power which my father possessed was that of reading characters and even the thoughts of those whom he saw even for a short time; some instances of his power almost seemed supernatural" (p. 12). This gives us an idea of the difficulties Darwin must have had in main-

taining a submissive posture or attitude that kept his father comfortable, whereby he renounced all independence of thought in relation to his father, submissively accepting his every opinion or statement without reserve and as not to be questioned.

This probably explains the cause of "a fatality" of reasoning which Darwin had to struggle with. When anyone makes a new deduction or an original statement or theory, *if it is correct*, it more or less reflects an atmosphere of superiority of thought upon himself and, logically, an implication of inferiority of thought upon other people. This is probably why lawyers, ministers, scientists, artists, actors, physicians, mechanics, psychoanalysts, ball-players, debutantes, cooks, i.e. established individuals who compete for recognition by displaying the same powers or interests, have difficulty in recognizing the superiority of the new rival's qualifications. The recognition usually comes from those who are not rivals. Darwin's theories were more generally accepted by the younger naturalists who were training for competition with the established naturalists; and the older men, who could not reconstruct their work, were unable to accept the theory, preferring their "standing" rather than the actual truth. The feud between Freud, Jung, and Adler has a similar mechanism.

With this mechanism in mind a determinant is to be seen for the variation in asserting potency displayed by Erasmus Darwin, grandfather, poet-naturalist and physician, and Robert Darwin, physician, with theorizing capacities highly developed but not finished, and Charles Darwin, son, who refused to be a physician but resumed his grandfather's work on the origin of species and re-wrote the theory in an improved but decidedly individualistic form.

Darwin, by his refusal to become a clergyman, had formally given his father to understand that he could not accept the Church of England's and his father's impressions as to man's place in nature, and the expression of his views had to be most considerately made so as not to assert himself heedlessly upon his father's wisdom. Like all such adjustments between superior officers and subordinates, the subordinate usually suffers from a retarding tendency to misexpress himself whereby he leaves an opening for the superior to display the fact that his position is still one of dominant potency. Darwin complains, "I have as much difficulty as ever in expressing myself clearly and concisely; and this diffi-

culty has caused me a great loss of time \* \* \* There seems to be a sort of fatality in my mind leading me to put at first my statement in a wrong or awkward form" (p. 80). The wrong form invites a self-assertion from another as does also the awkward form offer a chance for more graceful display of self by another.

There is considerable evidence to show that this person who was always more or less in mind was none other than his father. Darwin was completely independent of all other people. This "fatal" tendency might have deprived humanity of his theory of evolution because, although Darwin had quite clearly formulated it at thirty, he did not present it until fifty-six. His father died when Darwin was thirty-nine, but the death of the suppressive influence does not relieve the suppressed affect so long as the memory is revered and cherished. It was only upon the "strong advice of Lyell and Hooker" (p. 70) that Darwin accumulated enough initiative to prepare a volume on the transmutation of species. The moral support of Henslow, whose protégé Darwin liked to consider himself, and Lyell and Hooker, fortunately counteracted the affective resistance to free self-expression as a naturalist, which is clearly traceable to the revered father's painful manner of yielding to the voyage of the Beagle.

Darwin compensated for the persistent paining of his father by elevating him to the revered, immortal height of godliness as the wisest, most sympathetic, most observing of all men. Such affective attitudes toward the father, during a psychosis, are always indicative of renunciation of all affective competitiveness with the father in order to keep peace while love is secretly claiming for itself the mother's supreme interest.

I have seen this, frequently, distinctly illustrated in young men. In a typical instance, the only son of a devoted, beautiful mother was in constant anxiety lest he should suddenly die from cardiac failure or strangulation. In a confidential moment, with unmistakable pleasure, he said that his mother had often told him that she loved him more than she did his father. He was distressed by incestuous dreams and the fact that he and his father were always hostile and unable to understand one another. He could not admit that they hated one another, and though he wished to love his father he could not give up stealing his mother's af-

fections for himself. Such secret intrigue was punished by the fear that he must (ought to) die and renounce his enmity. The crucifixion or dying of patients, who feel that they are Christs, is always attended by severe anxiety. This mechanism has been observed in many of our cases.

It is evident that the affective relationship between father and son had a most significant direct influence on the theory of evolution which will be still further shown later.

As to the suppressed affect that distressed Darwin and added considerably to his invalidism, we are given an indication of its nature by his methods of obtaining relaxation; that is, relief from its pressure.

He says: "Novels, which are works of the imagination, though not of a very high order, have been for years a wonderful delight and pleasure to me, and I often bless all novelists. A surprising number have been read aloud to me, and I like all, if moderately good, and *if they do not end unhappily*—against which a law ought to be passed. A novel, according to my taste, does not come into the first class unless it contains *some person whom one can thoroughly love*, and if a pretty woman, all the better." In this tendency to become unduly distressed by a novel in which hate and misfortune triumph over love and, on the other hand, of almost requiring a diet of novels in which some character won the reader's love, is a strong indication that Darwin suffered from suppressions of affect which, if allowed free play, might have pained him in his devotion for his dominating father. This would have shattered his own peace infinitely worse than slighting the letter of an unscrupulous correspondent. Rather than permit the recalcitrant competitive craving free play, he incessantly suppressed it and never relaxed his vigil. This was not only to keep from paining those he loved, but also to protect his powers for research by avoiding the distractions that attend arguments and dissensions. He regarded himself as being "not quick enough to hold an argument with any one." "Unless it was a subject on which he was, just then at work he could not get the train of argument into working order quickly enough" (p. 117), which shows how deeply he became concentrated on the problem that he worked on. We must recognize that his self-isolation, in Down, from nearly all social contact, enabled him the more to enjoy the free play of his

love for biological research, but the eccentric nature of the self-isolation was made necessary by the ease with which he lost control of himself in a conflict. This, in turn, must be recognized as being largely due to the nature of the suppressed affective tendencies. "When he felt strongly about \* \* \* a question, he could hardly trust himself to speak, as he then easily became angry, a thing which he disliked exceedingly. He was conscious that his anger had a tendency to *multiply* itself in the utterance, and for this reason dreaded (for example) having to scold a servant" (p. 118).

The above characteristics indicate that Darwin could not trust himself to conflict with others or protest with anger because the suppressed affect, that was being held back like an uncoiled spring, tended to become associated with the anger of the moment and it *multiplied* too rapidly to be controlled. In this light we can understand why he accepted everything that his father said as final.

It is quite reasonable to give considerable value also to the fact that, although Darwin had to resist his father's wishes until after the voyage of the Beagle in order to gratify the affective attachment to his mother, after he had fairly clearly formulated his theory of evolution at thirty, about the time of his marriage, it became obvious to him that the successful proving of his theory lay in his finding a means for devoting all his life to study, and this his father could easily give him if he were so disposed. This fact, making him the source of nourishment and physical comfort, emphasized the father's omnipotence and, in his resignation to it, Darwin further renounced independence of affective expression. In one sense this was fortunate for science and civilization, because it gave him more freedom for affective gratification in the one direction that alone could fascinate him, but, in another sense, it ruined his health and almost spoiled his theory of evolution.

The influence of this affective conflict upon his conception of the origin of species and his formulation of the theory of evolution, which was to free science of many suppressive influences, is most interesting. At twenty-nine when he happened to read for amusement Malthus' "Essay on Population," (p. 68), he promptly appreciated the significance of the universal struggle for existence and the survival of the fittest, not only because he had enormous collections of biological data in mind which were readily correlated with the law, but because it was his *personal experience*.

This evidently was exactly the mechanism of his own triumphant emotional struggle with his father's wish. \* He was experiencing perhaps from obscure emotional sources the enthusiasm of the survival of the fittest, because his older brother, whom he affectionately called "poor old Philos" (philosopher), had yielded to his father's domination and studied medicine, even though he disliked it and retired soon after graduating, whereas he himself, through his persistence and courage, had triumphed.

Most significantly, Darwin comments (p. 68): "It at once struck me \* \* \* favourable variations (mother's favorite) would tend to be preserved and unfavourable ones to be destroyed. The result would be the formation of new species." (Parenthesis inserted.) "Poor old Philos" never married and in that word "poor" was unconsciously expressed Darwin's appreciation of his brother's silent tragedy. He continues further: "Here then, I had at last got a theory by which to work, but I was so anxious to avoid prejudice, that I determined not for some time to write even the briefest sketch of it." As to how much excitement the reading of Malthus' "Essay on Population" caused Darwin can only be conjectured, but he at least felt the necessity of guarding himself against "prejudice."

This cautiousness of Darwin contrasts strikingly with the impulsiveness of Wallace, although both men, when they realized the biological significance of the survival of the fittest, were decidedly aided by their own personal experiences. According to the "Encyclopedia Britannica," Wallace, "while lying muffled in blankets struggling in the cold fit of a severe attack of intermittent fever" [in the isolated tropical Moluccas], began to think of Malthus' "Essay on Population" [which he had read several years previously] and, to use his own words, "there suddenly flashed upon me the idea of the survival of the fittest." The theory was thought out during the rest of the ague fit, drafted the same evening, written out in full in the two succeeding evenings, and sent to Darwin by the next post. (This inspiration saved his name and brought him his greatest honor. It was clearly an effort to save something of himself from the onslaught of disease.)

Darwin and Wallace differed in their valuation of certain factors in evolution, and this can be traced to *personal experience* and *wish-fulfillment*. In their joint essay, "On the Tendency of

Species to Form Varieties; and on the Perpetuation of Varieties and Species by Means of Natural Selection" Darwin used the phrases, "natural selection \* \* \* which selects exclusively for the good of each organic being" and "sexual selection," whereas, Wallace emphasized "the struggle for existence."

Even more astonishing is the fact that Darwin, before he had read Wallace, while contemplating marrying his cousin, his mother's niece, made the scientific conclusion, which he entered in his diary, that "*selection was the keystone of man's success. But how selection could be applied to organisms living in a state of nature remained a mystery to me,*" showing clearly that this man, as well as Wallace, whose scientific formulations are molding the course of modern civilization, even though rigorously trying to follow pure reason, were unable to avoid unconsciously founding their sincerest conclusions upon their own most personal emotional strivings.

Three years after his marriage, at thirty-three, he first wrote a brief abstract of his theory, and at sixty-seven he made this significant comment (p. 68). "*At the time I overlooked one problem of great importance; and it is astonishing to me, on the principle of Columbus and the egg, how I could have overlooked it and its solution. This problem is the tendency in organic beings descended from the same stock to diverge in character as they become modified. That they diverged greatly is obvious from the manner in which species of all kinds can be classed as genera, genera under families, families under suborders, and so forth; and I can remember the very spot in the road, whilst in my carriage, when to my joy (symptoms of relieved repressions) the solution occurred to me; and this was long after I had come to Down. The solution, as I believe, is that the modified offspring of all dominant and increasing forms tend to become adapted to many and highly diversified places in the economy of nature.*" (Parenthesis and italics mine.) What affective resistances prevented him from seeing a principle which he himself characterized as being as simple as Columbus and the egg? The source of resistance may be quite surely inferred when we consider that the principle means that *progressive divergence is an advantage in itself, because the competition is most severe between organisms most closely related, since they require the same food and love-object, hence it could*

*not help but be associated with the old delicate competition between himself and his father for his mother's affections and his dependence upon the father for food, etc.* The phrase about modified offspring tending to become adapted to diversified places in nature has an interesting example in his marriage to an obvious mother-image, mother's niece, and their retirement from the world to the seclusion of Down, of which he says, "Few persons could have lived a more retired life than we have. Besides short visits to the houses of relations, and occasionally to the seaside or elsewhere, we have gone nowhere." It seems not even to the continent. For over forty years she was his wife-mother-nurse.

In 1869, at the age of sixty, Charles Darwin, accompanied by his daughter, visited the home of his childhood, years after his father's death. The tenant showed them over the place and with mistaken hospitality did not leave the party. As they were leaving, Darwin said, with a pathetic look of regret, "If I could have been left alone in that *greenhouse* for five minutes, I know I should have been able to see my father in his wheel-chair as vividly as if he had been there before me." (The greenhouse as nature study is the point at which the father and son began a progressive divergence.)

"Perhaps this incident shows what I think is the truth, that the memory of his father he loved the best, was that of him as an old man." Mrs. Litchfield, Darwin's daughter, describes him as saying with the most tender respect, "I think my father was a little unjust to me when I was young, but afterwards I am thankful to think I became a prime favorite with him."

It is interesting that the wish to visualize his father so vividly, "as if he had been there," was naturally inclined to recall the image of him as a dependent, helpless old man, and no longer the father with "the art of making one obey him to the letter" (p. 18). This illustrates again the universal struggle for power that causes so much pain when not handled with insight. Darwin's father was actually a very sincere, kindly, sympathetic man, as his large practice and the affection of his patients showed, and it was not in injustice and severity that he was dominating; that attitude usually justifies an open revolt on the part of the son if the mother does not interfere, but it was in his conscientiousness and sincerity of wishing that he almost ruined his son. This is the type of

affective bond that holds the object in the severest grip when it naturally needs to break away. Like the lovely daughter who must sacrifice her love for children to a dependent, defective old mother and finds to her horror that she has spontaneous wishes for her mother to release her by dying.

Darwin's method of working showed how keenly he humored his inspirations and nursed his strength in his ascent as a man of intellectual attainments. His study chair was higher than the average—he had long legs—but upon the top of this he placed "footstools" so as to elevate himself considerably and then neutralized the additional height by resting his feet on another chair, much to the mirth of the family. The elevated seat of learning surely had a genetic influence in his work through its reenforcement of the compensatory striving which he had to assume in order to overcome his humility and deference and the "fatality" of reasoning which had become an attribute of his attitude of mind.

When his margin of energy was too meagre to work consistently on other scientific problems, he could still collect facts bearing on the origin of species. "I could sometimes do this when I could do nothing else," showing which wish in his personality was the strongest and could continue to work after the others had to yield to fatigue. He says he never stopped collecting facts on the origin of species.

Never for a moment after clearly conceiving his inspiration did he abandon the creation of it. The excitement and difficulties he experienced in controlling the affective reactions that were aroused, as the secrets of nature were revealed to him, may be estimated by the following comment: When twenty-nine, upon reading Malthus' "Essay on Population," in which the struggle for existence is emphasized, "it at once struck me that under these circumstances favourable variations would tend to be preserved and unfavourable ones to be destroyed. The result of this would be the formation of new species. Here then I had at last got a theory by which to work; but I was so anxious to avoid prejudice that I determined not for some time to write even the briefest sketch of it." Four years later he allowed himself to write, in pencil, a thirty-five page abstract of his theory. This was enlarged two years later into 230 pages, and his completed theory was not published until some twenty-nine years after the first general formulation of his idea of evolution.

Some other peculiarities in Darwin's methods of working are important for the psychologist to recognize. He says: "Whenever a published fact, a new observation or thought, came across me, which was opposed to my general results, it was my practice to make a memorandum of it without fail at once; for I had found by experience that such facts and thoughts were far more apt to escape from the memory than favourable ones" (p. 71) (forgetting as a wish-fulfillment). His watch for *exceptional phenomena* was keen; and "my love of natural science [the medium for gratification of his childhood's wish] has been steady and ardent \* \* \* This pure love had, however, been much aided by the ambition to be *esteemed* (italics inserted) by fellow naturalists." (Reinforcing postadolescent wishes produced by the influence of Grant, Henslow, Lyell, and others.) "From my early youth, I have had the strongest desire to understand or explain whatever I observed [this originated in his mother's curiosity], that is, to group all facts under some general laws. These causes combined, have given me the patience to reflect or ponder for any number of years over any unexplained problem." (This mechanism of *freely* grouping facts under general laws permits the affective cravings full spontaneity of function and they are not then subdued or depressed by inhibiting fears of being unwise or mistaken. The capacity for spontaneous discriminations and comparisons is tremendously greater than when shut in by don'ts. "I have steadily endeavored to keep my mind free so as to give up any hypothesis; however much beloved (and I can not resist forming one on every subject) as soon as facts are shown to be opposed to it. He says that every single first formed hypothesis except the one on coral reefs had to be modified after a time or given up.

Darwin's magnificent courage to think persistently and honestly and the results of his method, as the mechanism of personal improvement, is a splendid example that our American scientists, holding influential chairs in research and education, should consider. The minds of many American academic scientists seem to be subtly subdued by the fear of making a mistake or of even considering an hypothesis that possibly may have to be modified or abandoned. This is particularly true for psychiatry and psychology.

Darwin's attitude toward the objects of his inquiry, especially

flowers, also reveals the affect that forced the inquiry, which was *love*. He seems to have shown no narcissistic cravings to scintillate, or hatred, prompting him to acquire a triumph in order to have a potent tool for conflict, or a desire to be admired or to establish priority. His love for flowers led him to treat them almost as personalities. His son says: "I used to like to hear him admire the beauty of a flower; it was a kind of gratitude to the flower itself, and a personal love for its delicate form and colour. I seem to remember him gently touching a flower he delighted in; it was the simple admiration that a child might have. He could not help personifying natural things." His theory made him their coequal. The actual experiences in his life in which flowers were so associated as to arouse such tender affections, he practically tells us, occurred in his early childhood when his lovely, gracious mother revealed her curiosity about the secret of nature which might be answered by looking "inside" of the flower.

Darwin, as a father and creative thinker, was a most unusual exception to the rule in that he proved to be a successful father; whereas, most intensive thinkers make poor fathers. The career deprives the child of much needed attention. The "Encyclopedia Britannica" says four of his five sons became prominent in the scientific world. The honor for this, however, probably is due Emma Wedgwood, Mrs. Darwin, whose wonderful personality made it possible for Darwin himself to become the creator of his work.

Darwin's attitude toward his children as an educating influence was radically different from his father's controlling methods in that he permitted his children to develop as freely as possible, thereby permitting the affective forces to exercise their fullest powers. He treated his children with "unbounded patience" and never "spoke an angry word to them in his life," but it "never" entered their heads to disobey him. This was not their fault but due to the fact that he always "respected" their "liberty" and "personality."

### Conclusion

The principal characteristics of Darwin that made him one of the great constructive thinkers of all time are: (1) the loyalty with which he cherished his mother's wish (fortunately it was practical as well as ideal, which can not be said of the wishes of

most mothers). He had to struggle with influences that would divert him from his love-object at ten to seventeen in the classical schools, at seventeen in the medical school, at twenty in a theological school, at twenty-two to make the voyage of the Beagle, and at twenty-seven to thirty when he finally renounced all interest in the last remaining restraints, orthodox Christianity, becoming, as he considered himself, an "agnostic."

As a school-boy and a student he became depressed and disinterested when he was forced by the stupidity of academic educators to acquire in learning what his emotions had aversions for, and yet he literally glowed with enthusiasm when permitted to make his own free selections of friends and literature in biology and geology. *His own experience demonstrated that depression of compensatory adaptive capacities followed when an environment was persistently unfavorable to the affective needs.*

In this respect the educator's crime of forcing children into prescribed courses deserves the most remorseless criticism, because it is still practiced today in our public schools and universities.

(2) The second attribute that contributed to his success was the absolute freedom of his thinking and theorizing about "everything" and his humble willingness to abandon any theory, no matter how much beloved it might be, when exceptions disproved it. (When the dominant craving that the theory satisfies is not love but hate, it seems to be much more difficult to admit error or to risk an error.)

"He often said that no one could be a good observer unless he was an active theorizer" (p. 126), which decidedly means that since our spontaneous observations and ability to react to subliminal stimuli, that is delicate or slight variations in the environment, depends upon the freedom with which the affective-autonomic cravings may work, no one, who must work with material that he hates, can become a good observer. This is the most common cause of the tendency to dullness of thinking in most matured males and females. Economic and moral obligations force the individual to continue with the unpleasant work.

(3) His inherent perseverance and humility and sincerity.

(4) His patience, which was probably due to the fact that Mrs. Darwin was a perfect mother-image by birth and temperament.

(5) Freedom from economic distractions and family conflicts.

(6) The suggestions from his grandfather's theory and the influence of Grant, Henslow, Sedgwick, Lyell and Hooker, that counteracted his father's resistance to his becoming a naturalist.

(7) The sacredness with which he regarded his objects of research and the religious manner in which he consecrated himself to the study of nature.

The influences that conditioned Charles Darwin's affective cravings so that the only thing he could satisfactorily do in life was to write theories of evolution and study the secrets of nature were (1) the peculiarly influential personality of his mother, due to her (a) love, (b) beauty, (c) sweetness, (d) fascination for her father-in-law's work, and (e) her intuitive recognition that he was not through with his task; (2) his grandfather's quest and theory; (3) the personal influence of his postadolescent hero, Dr. Grant, to which was largely contributory Darwin's affective dilemma with his father, the confidential nature of the talk, his "silent astonishment" whereby he did not lose the tension of the affective reaction through talking it off; (4) Prof. Henslow's ministerial and scientific interests, in which personal combination of the wish to please his mother as well as the conflicting wish to please his father, both found a medium for gratification; (5) his uncle's insight into the father-son conflict; (6) the voyage of the *Beagle*; (7) the father's sensitive half-acknowledgment of pleasure in his son's change of interest from sports to intellectual work; (8) his father's forbearance from further conflict; (9) economic independence; and (10) the unreserved devotion and heroic patience of his wife. When we think of how she devoted her life to his comfort and shared every one of the miserable nights with him during his last years, the only song that Darwin ever sang correctly has a distinct interest.

AR HYD Y NOS (Welsh)

(All Through the Night.)

Ah! my love, how sad and dreary,

All through the night,

Is my heart with sighing weary,

All through the night.

Dearest love, couldst thou but hear me,

Surely thou wouldst, hasting, cheer me,

And remain forever near me,

All through the night.

Sweetly sang beside a fountain,  
 Mona's maiden on a mountain,  
 When wilt thou from war returning,  
 In whose breast true love is burning,  
 Come and change to love my yearning,  
 By day and night?

The causes of Darwin's anxiety neurosis may be attributed to his complete submission to his father whereby he deprived himself of all channels of self-assertion in his relations with his father or anything that pertained to him. Free assertions for his rights might have led to a mortal father-son conflict, because both had irrepressible affective cravings that contended for the idealization of the same love-object. This would, perhaps, as it so often does, have terminated in Darwin becoming a paranoiac, if not an invalid. His search for the secrets of nature and his mother's love would then have become hopelessly aborted by hate. Through the renunciation of all envy and all competitive interests in life, such as ambition for priority, and the unreserved acceptance of his father's word and wisdom, Darwin, by adroitly selecting diversions, succeeded in keeping suppressed all disconcerting affective reactions, with no more inconvenience than that of producing nutritional disturbances, uncomfortable cardiac and vasomotor reactions, vertigo and insomnia.

The more one analyzes personalities, the origin of their wishes, their wish-fulfilling-striving and the accidents that exert a definite influence upon their successes and failures, the more one realizes that many men and women are potentially, finely creative, but few are fortunate enough to become associated with factors that enable them to overcome or evade resistance.

Darwin's forty years of serious anxiety neurosis, when associated with the father's brother's "incipient" insanity and suicide, may invite the impression of his being a constitutional inferior with hereditary psychopathic traits that forced him to devote his entire time to what was then regarded as useless theorizing in order that he might "grasp this sorry scheme of things entire."

I believe that Darwin's *psychopathic traits were entirely due to the persistence with which he suppressed certain autonomic functions, affective cravings, in order to gratify other cravings.*

The seriousness of his regret for having conflicted with his father may be seen in the strange paragraph which Francis Dar-

win uses in concluding the biography of his father's life: "As for myself, I believe I have acted rightly in steadily following, and devoting my life to science. I feel no remorse from having committed any great sin, but have often and often regretted that I have not done more direct good to my fellow creatures" (p. 530). One can not help but think in this connection, of the unhappy father who wanted a son to practice medicine with him.

Darwin's anxiety neurosis, to repeat, was characterized by inability to adjust to excitement, anticipations, changes of heat or cold, cardiac palpitation and vasomotor flushing, indigestion, nausea, vomiting, violent tremors, insomnia, persistent thoughts, inability to criticize, or to endure social contact or worry.

This anxiety continued active almost daily throughout forty years, but at times his distress became so severe that he was unable to work for several months at a time. Many forms of treatment and a series of physicians were tried, but the most restful and efficacious were hydrotherapeutic treatment and the personal influence of Dr. Bence Jones, and later of Sir Andrew Clark.

### AN-3

The following case, (AN-3), a well-known scientist whose difficulties were studied by the psychoanalytic method, was similar in many respects; particularly as to the influence of the lovely mother and domineering, impatient, but sincere father, the necessity for encouragement through becoming an esteemed man's protégé, a very serious emotional crisis at thirty-three, attended by most intense resolutions for self-refinement, splendid scientific achievements, compensatory wish to devote all work to "pure science" and a persistent tendency to anxiety. Ineradicable feelings of having weakened his mental powers through adolescent masturbation were not so pronounced in Darwin. In two vital respects this case was different. He was always in financially more or less pressing circumstances, and though he loved a beautiful, mothering type of girl, he was unable to marry her because of the pernicious anxiety that was aroused by her approach after the crisis at thirty-three. His life ended most tragically because of the unhappy, unsolvable situation that finally wrapped itself irresistibly about him.

His case is presented as a suppression neurosis, because that was what he suffered from until his final crisis when he developed

a *paranoid compensation*. As a *paranoid character* with parricidal inspirations, his case bridges over to the pernicious repression compensation neurosis and in turn to *chronic pernicious dissociation of the personality*. Hence, his case, though not recapitulated with the paranoia group will, however, frequently be referred to in that chapter.

This man's life shows also, like Darwin's, that the adult career of the individual is fundamentally determined by the family situation molding the affections of youth, unless tremendous affective adjustments are later successfully made. The patient's impressions of his parents are herein used entirely, because, in so far as he is concerned, they reveal the nature of his adaptation to them. Naturally, other people, friends and relatives, had *very* different impressions of them.

His father, he said, was a man of "strong character," and prided himself particularly on his efficiency. At eighty-one he was in "full working strength." He was seemingly "never sick, nor worried. \* \* \* He was scornful of ailments, yet full of tenderest sympathy toward acute suffering. I seem to have been the one great trial to him in the family. He was genuinely concerned about my mysterious, yet obvious, nervous disabilities; though in my presence he seemed to feel only irritability, and invariably inquired, 'Well, where's the *pain*?' He seemed to enjoy my irritation over this." (This spontaneous association of sentences by the patient, it will be seen later, reveals the cause of his invalid adaptation to his domineering father.) "He was deeply religious, always just (in intention) yet arbitrary and overbearing. \* \* \* Never reasoned with his children or explained his attitude." The patient further described his father's attitude as "illogical" and "impulsive," ruling his family with puritanical sternness and maintaining that whatever the situation or disagreement "nevertheless the fact remains" that the "father" should be obeyed.

"My mother seemed to be none of these things, and for this, at an early age, I thanked God devoutly. I worshipped my mother. But I thought she took a wrong attitude. She would do nothing, nor permit us to do anything 'to annoy your father.'" The patient's affective reactions to the suppressive father, if they had been allowed to be frankly asserted, would probably have enabled him to attain his affective independence and maturity. They were

normally enough aroused, but the seductive attitude of his mother, whom he could not pain by conflicting with his father, subtly disarmed and crucified him. (See Michelangelo's "Pietà," Fig. 54.) The nature of the parental combination distorted his attitude and definitely turned him upon an eccentric emotional adjustment. (All the children in this family except the patient finally openly revolted against the father domination and demanded the right of equal and *spontaneous* expression of opinion and feeling. The patient's brothers and sisters urged him, after he became a man, to correct his father's attitude of domination and to insist upon equal rights. This, the patient was never able to do, even though it occupied his most serious contemplation.) He could not overcome the resistance except through an uncontrollable outburst due to the summation of a long series of insults, and he dared not trust himself in this.

The patient's mother, according to his impressions, was a beautiful, modest, retiring, girlish woman, who tended to suffer *silently* if wronged and adjusted herself to her husband's interests, believing that the father's word should be law. He should be master of his household, even though she could hardly endure some of his selfish domineering methods.

The patient said, "At the table we were not to speak unless spoken to, or, if we asked for anything, it must be done in a low deferential tone. At other times when a request was made, and only reasonable requests were likely to be made, it was always met at first by a refusal. Later, without explanation, and after a delay calculated to discipline the spirit, the request would be granted." (This procedure, no doubt, greatly contributed to the suppression of spontaneous emotional adjustment.)

The patient was the oldest son, and the following bitter incident reveals the chronically suppressive attitude of the father to his first son, and the extreme steps he would take in order to humiliate (crucify) him before the household. (It can not be assumed that the father had any insight into the influence of his suppressive attitude. His reasons were, no doubt, disguised under the belief of necessary, disciplinary measures, in order that the son should submit to and have respect for the word of the father.) To illustrate with an incident. One day at the dining table the patient, then a boy of about ten, persisted in maintaining a rebel-

lions attitude about something that displeased the father. He ordered the boy's submission, and the youngster arose from the table with obvious display of resistance. Thereupon, the father threatened to use force, reverting to the principle of might shall rule, and demanded that his son should stand with his back to the table and press "his nose against a flower on the wall paper."

The boy now became openly defiant and refused point blank, but, before he could vent his righteous indignation, his mother rushed to his side and anxiously pleaded that he must "please" not answer back to his father. His moral support thus gone, the crisis was lost, and his anger, for the sake of his mother, had to be suppressed. He submitted to the mother and, for her sake, his personality was sacrificed to the father. The crucifixion of his affective independence seems to have been gradually completed by the long pressure of this combination of influences. This is but one incident illustrative of a chronic parental attitude. (At fifty-seven, when the patient reviewed this experience, he was utterly unable to control his affective reactions, which were mingled with violent anger, weeping and shame. He expressed astonishment that this ancient injustice should cause so much "unmanly" distress forty-seven years later. It certainly revealed one great source of his affective tension.)

Although the above incident occurred when the patient was about ten, it should be seen as illustrative of the nature of the paternal and maternal pressure and the reflex adaptation tendency. This affective triangle, of course, had its beginning in the early childhood of the patient and, although no single truly disastrous episode occurred, the continuity of the situation had its irremediable conditioning effect.

When he was eight, the patient was sent into the country to recover from depression. He was, however, unable to meet the expectations of his more self-reliant cousins, and they were characteristically disappointed in his timidity and unwillingness to admit his inferiority to their prowess. The situation increased his depression and he was returned to his home in a condition that greatly alarmed his parents. His father's "tenderness" upon his return was surprising and made a distinct impression upon him. In due course of time he recovered from homesickness and developed "what the women of the household called a 'lovable

disposition.' ” The father recognized this characteristic as that of “a sissy boy,” and the “lovable disposition” as “girlishness.” He criticized this and objected, but the mother (as is characteristic for this type of mother) defended her son “with spirit,” and the father “was silenced for a period.” This encouraged the youth to assert himself by criticizing his father, but the mother soundly admonished him of the wrongfulness of it. He said (at fifty-seven) “I think I was neither timid nor shy by nature, but I learned to be silent under injustice. Later, when I should have reasoned myself out of this state of mind, it had become second nature—I now react to personalities of a certain type—my father’s type—as I have always reacted to his, from the time he took me in hand for training, and I, out of consideration for my mother’s feelings, yielded up my independence.” (This illustrates the fatal conditioning of his power to protect himself from injustice and the growth of the fatal tendency to homosexual self-sacrifice.

“The way out is simple,” he commented, during the psychoanalysis, “I believe—simple in method, but difficult to practice because I have to deal with a long-established habit. It will be necessary to get up a counter habit. It is necessary merely to stop and think, and re-establish the independent attitude. The opportunity for practice is afforded many times a day, wherever I may be. That is, I cringe no more, and with no more serious affect, before, say, the chief of my office (if it happens to be domineering in the peculiar sense I mean) than before any chance associate, about whose opinion of me I really care, or should care, nothing.

“I have experimented, and with illuminating results. Quite naturally, I began wrong. The blustering manner is wrong; the mollifying, conciliatory manner is wrong. Both are harmful, even though they succeed. What I have really to deal with is not the manner of the other fellow, which seems so terrifying, but my own reaction to it. *The trouble is subjective. It is merely necessary to have the courage of my cowardice—not try to hide it; but to stop and think.* The result of this self-examination is that I get back immediately to the self-possessed, critical attitude which I used to assume with my father when I began to be disillusioned and before I had learned to fear him. I then feel at ease and good natured. And, if a smile, or a laugh, follows, it is disarming because *if it obviously sincere.*” (The unconscious substitution of “if it”

for "it is" indicates the subconscious doubt he felt as to his ability to master himself.)

The patient was inclined to feel that another reason for his pathological self-consciousness and feelings of inferiority upon his visit to his cousins and, later, their visits to his home, was his inability to stop day-dreaming and masturbating. (Because of his unusually accurate habits of thinking as a scientist, and his keen analytic insight, his contribution to the psychology of auto-eroticism and homosexual crucifixion is of great value.) The onset of the masturbation interests, he felt, upon long, careful retrospective consideration, to have been a logical outgrowth of the suppression of love and anger. He was a very affectionate child, and very demonstrative, until the unresponsive attitude of his parents, which he thinks was in some respects assumed in order to control him, taught him to regard "the open expression of feeling as bad form—the possession of feeling, even, a weakness to be covered up."

"Toward the end of this period [aged eight] I formed the secret habit of inventing, in fancy, situations in which my longing for affection from others, as demonstrative in its expression as my own was naturally, was satisfied; and out of excessive indulgence of such fancies, the practice of masturbation developed spontaneously." The one person of all others for whom the patient had an insatiable craving for demonstrations of affection was his mother. This was the price she had to pay for begging him to sacrifice his masculine protests against the father's suppressions. Had the father not been so unfortunately disposed as to suppress those interests, but rather to look for them as signs of vigorous growth, the boy's affections would naturally have extended themselves in the masculine manner of openly working to win esteem and fighting for their rights instead of covertly pleading for and fancying them.

The early vaguely defined fantasies of girls making love to him gradually crystallized into well-defined masturbation fantasies which were carefully recorded at the time of this discussion. He said he would become sexually excited (this was after puberty) by a certain type of modest, retiring, pretty, serious, but not deep, type of slender girl, and fancy himself having a love scene. During this fantasy he would masturbate. This was followed by despair and resolutions which, however, soon weakened as his eroti-

cism became active again. At nineteen, it may be included here, when he attempted actual sexual relations, he found that all women were disgusting, and could only get satisfaction through visualizing his ideal feminine type, while the real woman became "a lump of clay" that he had "fooled." After he became an adult, upon one occasion, his paramour reprimanded him when she noticed his distracted state of mind. She said: "'I don't believe you know I am here'"; and "she was right about it." (In following this patient's biological career, I hope the reader will recognize that as an adult male he was only capable of a form of masturbation per vagina and, what is most important, that his *fancied* sexual object had, without his realizing it, all the charming attributes of his mother. The mechanism of this unfortunate evolution of his sexual affections has been well enough explained by the patient to permit us now to study his intellectual career and his final disastrous ending. It is of the utmost importance to appreciate that the sexual functions are not merely confined to the sexual act.)

To return to the struggles of his childhood, from eight to nine his health improved (father's tenderness) and his teacher credited him with having "promise" and "alert intelligence." His family regarded him as having a "delicate constitution" (failing to understand the chronic anxiety and brooding of the boy.)

At the age of nine, he was turned over to his grandmother to be trained with particular attention to his undesirable timidity and "girlishness." This grandmother was the "most masculine" woman the patient said he ever learned to know. "She derided me for my girlish sensitiveness, for my delicate coloring, that didn't belong to a boy, and for certain sweet (celestial) notes in my singing voice that my mother, who was an expert in music, particularly admired." The grandmother was proud of the fact that all her girls had been like boys, but her attitude, "although it did no harm," he said, failed to correct his shyness. "Her desire, though unacknowledged, was to protect me from a harsh world," was the boy's impression of her methods and she brought out no responses of latent manliness.

At eleven, he was sent to a boy's boarding school, and responded with interest in athletics and led his class as a student. From eleven to twelve, he succeeded in distracting himself from his masturbation difficulties, but at twelve he relapsed again, so seriously, because of suppressive influences among his playmates, that

he despaired of ever being able to master himself. (The result of being completely suppressed by the *first rival*. His athletic interests and studies were seriously neglected, and he became morose, sensitive, timid and decidedly shut-in.)

"The thing I was morbidly emotional about was my secret habit. I was at school five years, and during the latter half of this period failure to overcome it made me completely miserable. An aunt—a younger sister of my mother—to whom I was devoutly attached, died during my third year at school; and, though I had by now completely rid myself of religious belief, I, nevertheless, suffered acutely from the mere possibility that I was mistaken, and that my blasting shame would now be made clear to her.

"The longing of the average normal man to be a boy again is to me incomprehensible; the decade of youth through which I passed at this time was unmitigated hell. The feeling of degradation, which never left me, mounted at times to a distraught condition. During the last year in school, a stroll in the hills alone on several occasions was given over to continuous prayer, to the *possible* God, for miraculous relief." (The agonizing aftermath of secret autoeroticism.)

At seventeen, he entered a university. At nineteen, an unexpected crisis solved his masturbation problem for him. He often regretted that he himself had been unable to master this tendency. (Unlike the average youth he had retained the habit as a secret, that is the *ego* had had no opportunity to assimilate the periodic segmental domination by confessing it, that is, allowing it to become directly associated with his striving for social esteem by openly discussing it, which is the mechanism most boys use to overcome their old mutual masturbation interests.)

The crisis occurred at dinner in a boarding house. The good-natured matron wanted to reprimand the boys for eating too hurriedly. She wanted them to follow the example of our patient, who ate slowly and masticated thoroughly. She, however, said, "Boys, why don't you do like Mr. —. He masturbates (for masticates) thoroughly." The patient's extreme embarrassment and general disposition left no doubt that he was addicted to masturbation. That night the patient's room-mate advised him to use his method of self cure, namely sexual intercourse. The patient

consented, and, upon his room-mate's arrangement, began the unsatisfactory sexual career of masturbation per vagina already referred to. (The nature of the masturbation fancies, that is, whether or not they are shared with a companion, or are secretly fixed upon someone whose personality finally becomes offensive, probably determines the outcome of the autoerotic trend. If the transference, hence the fancy, is fixed upon some one who, although he or she is not aware of this erotic use, persists in maintaining a devoted attachment, like a mother, sister, or friend, the individual will probably not be able to break up the habit until the transference is greatly mitigated.) His own comments on the masturbation mechanism are so valuable that they should be recorded at the expense of some repetition. "The temptation to enter upon this course—and the support in it, at the onset—for I doubt if I could have accomplished it unaided—came at a time when I had about abandoned hope of overcoming the masturbation habit. In earlier years, I had looked forward to self-mastery, eventually; and to marriage, as a matter of course. But I had now made marriage impossible. So far as I can see, I had lost nothing of early ideals and illusions. Though affecting a cynical view of life, moral considerations weighed heavily still.

"In the practice of masturbation I had employed a mental device, to which was due, I think, the strength of its hold upon me. Masturbation itself, as I have said, had developed spontaneously out of an earlier habit of creating fancies, in which an old persistent craving for demonstrative love from others was satisfied. [The "suppressed wish" had been prevented from seeking for the love of another by the father's censorship.] I visualized my feminine ideal—*never quite* any actual person. But these seductive fancies were not deliberately created, except at the onset. I came to realize that they led inevitably to masturbation. They were resisted, sometimes for weeks. During these exceptionally long periods, mental dullness grew upon me; yet failure came in the end, not so much because the powers of resistance had weakened, as because the increasing phantasm had become convincing, and the physical act to which it led no longer appeared repulsive. The idea of sexual intercourse with women, though, for a different reason, was no less repugnant to me; in the performance of the act I was *self-conscious* and *critical*. But this was only for a time, until the novelty of the new relation wore off. During the act, creations of

fancy, coming unbidden, and more vividly real than before, effaced all consciousness of its unpleasant realities. Thus, without effort on my part, the habit of masturbation was displaced. Even in periods of enforced continence, there was no temptation to return to it. I was indifferent to it as a means of sexual gratification."

Before completing his studies he came under the influence of a certain well-known scientist, who, although only a middle-aged man then, had already made an international reputation. (I have met this man, now a venerable looking gentleman, and found him to have very well-developed paternal traits. The patient virtually attached himself as to a foster-father, although ostensibly they were just good friends.) Through the influence of their mutual transference he adopted this man's science for his own career and determined to devote himself to intellectual refinement and scientific contributions.

It is probable from what has been demonstrated by young men having similar difficulties, and what happened later in the patient's career, that this transference, or, as popularly considered, this friendship, saved the patient from an early collapse with, perhaps, paranoid mental deterioration. It is worth noting, with this possibility in mind, what actually happened whenever the transference was broken and the final disaster that resulted.

The patient said their friendship continued from the time he was a student when "we used to live together. I mean [correcting himself] I lived across the street." Then he added that he had often hoped he might live with Mr. T—, and was disappointed when not invited to do so, "Since all his children are dead." This last quotation he promptly corrected. (They are not all dead.) Mr. T— had said upon one occasion that he wished his son had the superfluous energy the patient had. The interest of Mr. T— was truly paternal in that he not only took the patient in hand, but furnished him with funds, advised him, nursed him and bolstered up his scientific researches with his own productions.

(Like the patient's own father, Mr. T— was incompatible with his own son, but adopted another "convalescent" (crucified) youth and made a career for him. Similar in its mechanism, the patient was unable to endure his father's suggestions, but had to have another matured male to advise and encourage him. These characteristic tendencies of personalities to make positive and negative transferences unconsciously, reminds one of the positive and

negative valency that complex chemical molecules have for one another. Mr. T— and the patient adopted each other in order to gratify the needs for the devotions of father for son and son for father. (This is a common relationship between master and apprentice.)

His career as a scientist, which covered about thirty-six years, from twenty-one to fifty-seven, may, for the sake of brevity, be summed up in a paragraph. Despite a long series of neurotic episodes, he made several very valuable contributions to science, but his supreme achievement, toward which all his scientific interests converged, was never completed. Even though he had collected practically all the necessary data and formulated his hypotheses, he was never able to complete the work. The tragic causes of this will be presented in their chronological order.

At twenty-two, he had his "first nervous breakdown." This was the first one of a series, all of which were essentially similar in type and so characteristic that the underlying cause should have been recognized by his physicians. The attacks were diagnosed as "neurasthenia," because they developed gradually, usually following periods of so-called "overwork" or "malaria," and were characterized by "dullness," "weakness," "irritability" and obsessive "cravings for sympathy." Gradually the craving for sympathy would work into a dramatic "climax" and then, to the surprise of all his friends, within a few days, he would return to work with a rebound, as if completely refreshed and invigorated. (This neurotic mechanism is, in its characteristics, decidedly an aborted autoerotic mechanism.) It is also important to note that he had no "neurasthenic" episode following a severe siege of typhoid.

The second attack (at twenty-five) was diagnosed as "a touch of locomotor ataxia" (occurred in 1881). The patient describes the mechanism of the attack in the following words (it should be noted that he submits to his father and makes him pay with sympathy for the submission): "I had a touch of locomotor ataxia. I don't know that the offhand diagnosis was correct; I never had anything like it again. I had been having malaria—well-marked chills and fever. I was falling behind in my work. On good days I overworked, often returning to the office at night and working late. I foolishly resisted appeals from my mother to go slow; I went faster instead. My father tried to exercise authority and

I left home. I packed up and went to a boarding-house and sent for my trunk. In my relations with my father—who had no sympathy for my weakness and declared that I had never grown up—I always acted pettishly. We were friends only in our correspondence—neither of us could stand the strain of personal contact. No attention was paid to my absence, and in a few days I returned home. I called for my father at his office and walked home with him. I was contrite and sought to get on a footing of frank understanding. My father met me half way; but the interview lasted too long. As we entered the house and met others of the family, he explained to them, laughingly, that the heat had developed in me a latent hysteria; and, turning to me in sudden exasperation, he advised that *I learn dignity of bearing from my sisters*. [The son's inability to openly respond almost violently to and discharge the affect of hate at this insult was years later to contribute to a parricidal inspiration.] The next morning on the way to my office, I found myself walking dizzily and unable to lift my feet properly. [See the feet in Michelangelo's "Pietà" and Case CD-1.] I turned into a barbershop and, in the chair, recovered. Later, in the office, standing before one of my superiors (father image), the dizziness returned. This I deliberately exaggerated, pretending to faint, and, falling heavily, permitted my head to strike the floor violently. My friend at once ordered a carriage and drove me home. As the door closed behind me, and my mother and one of my sisters came hurrying downstairs, I bawled like a baby. At the same time I pretended to be 'out of my head.' I was helped to bed. Back of this foolishness was so much real illness, I suppose, that it deceived everyone. My father was sent for, and came immediately, bringing with him my uncle, a physician. *Both were genuinely concerned*. A sea trip, on a light house inspector's vessel was at once arranged for; and, after a two weeks' rough outing, I returned, in *buoyant spirits*. I continued in good health and fairly good spirits for three years. Marked improvement in health, after crises, characteristic. The inseparable obstacle in my way was my own weakness of will—my yielding to domination by the 'base animal passions.' "

He consulted the author of "Brain Exhaustion" and ventured the notion that he had weakened his nervous energy through adolescent abuses. This author, a physician whose opinion carried

great weight with the patient, fully agreed with him and predicted that an insidious debilitation would result. He recommended circumcision and a prolonged rest with elaborate rehabilitating treatment. *The patient was convinced that he must never marry.* Before seeking relief from his depression and fatigue, he had handed in his resignation in a rather petulant manner. The resignations were always referred, as he knew, to Mr. T— (his kind foster-father) who always tolerated the younger man's moodiness, sympathized with his ill health and encouraged him to recover and then return to work. The patient invariably reacted in a uniform way. During the previous "hysterical" episode he also consulted his uncle, a physician, who without asking him if he had any such difficulties, informed him that no member of their family ever disgraced it by masturbation. The patient surmised that the author of "Brain Exhaustion" had conferred with him and he reacted with increasing tenseness and sensitiveness about this old inferiority.

During the next seven years he accomplished considerable scientific work, despite his general sensitiveness. He solved his sexual problem with a series of attachments to women who *had been married*. The lesser degree of risk influenced him in his affairs, he thought. (The married woman is the most usual substitution for a certain type of mother attachment.)

From thirty-two to thirty-four, he reached the high mark of his career and succeeded in working into "pure science." His health now was excellent; he was vigorous, had far-reaching plans, organized his work well, had splendid associations, and felt confident that at last his personal problems were solved for all time. His scientific contributions at this time were excellent and unusually promising. His associates, who had continued to bolster him up through his past crises, were well pleased with him.

The sexual life he practiced at this time is illuminating. He was stationed in a delightful university city and did much of his work in the university laboratories. He lived with an elderly woman and her widowed daughter and her children.

The young widow, who had literary aspirations, became the patient's mistress, with her mother's encouragement. On the other hand, an associate in science had introduced the patient into a refined, wealthy family and a warm friendship had developed be-

tween himself and Miss Y—(nineteen years of age). Her refinement, restrained exuberance, enthusiasm and loveliness, and her devotion to the success of his career, had, without his clear realization, attracted him seriously. (The account of this tragic situation is too important not to be given fully in the patient's own words. It is essential to recognize that Miss Y— had all the attractive attributes of his mother. Furthermore, through Miss Y—'s sympathetic influence he had "grown up," attained his place as a man in science and entered upon his great life work in "pure science." It is not pleasant, but extremely important, that the reader should also recognize that Miss Y—, like his mother, was the living embodiment of his life-long autoerotic fantasies. This fact, associated with the dogmatic prediction of progressive debilitation, is probably what made it, later, impossible for him to marry. The associations of thought persisted in defiling her and this he could not endure. A dream at fifty-seven, to be given later, illustrates this mechanism.)

"I was able to drop much of my troublesome-burden of pretensions, and found myself most at ease and least a conscious fraud, in the home life of two or three families of cultivation and refinement to which I was admitted in the university town of A— where most of my activities were centered. Here, the attitude toward me was so genuinely friendly, I could not very well help becoming a frequent visitor. Miss Y—, nineteen years old at the time of my arrival in A—, took an enthusiastic interest in my plans. In addition to certain scientific work which was itself rapidly extended, with an increased force, toward what her father characterized as broad-visioned development, I launched into four considerable projects, all calculated indirectly to advertise the research in this comparatively new field. One of these called for a bill before the State Legislature, and for active support on the part of the university, the several scientific and technical societies in — and individuals of prominence and political influence. For this undertaking, in particular, social backing was almost indispensable. From the outset, Miss Y— became the most important figure in the "audience" to which I looked for sustaining inspiration. But I received from her more than approval. She took delight in what her mother called 'shameless scheming,' in which, with her mother's factful cooperation, nevertheless, the social posi-

tion of her family was used to advance my aims. By the end of the second year, when the sudden nervous breakdown occurred [at thirty-four] I had begun to find indispensable also, not only her sure intuitions as to the right course always, but her bright and stimulating companionship—a new thing in my experience.

“The two years, up to this point, had been years of all-round mental development. During no other period of sustained effort, as I now clearly see, have all my faculties been so variously and healthfully exercised. In the recognition of this single fact, the time and thought given to this circumstantial history is amply justified to myself. The general verdict at the time, which it has never before occurred to me to question (until the psychoanalysis), *that I broke down at last from overwork*, I now believe to be mistaken. Nor do I think the collapse came because I had morbidly regarded it as inevitable. Morbidity in large part had disappeared. It resulted from the concurrence of new worries that had nothing to do with my work.

“In my sexual life in A—, I had been cool and sure of myself. I was conscious of a growing force of character that was new in kind. Under the stimulus of almost uniform success in projects undertaken now solely on my own initiative, I became more and more fixed in the determination to let no sentimental weakness stand in my way. By the end of the first year, at a considerable cost in time and money, I had provided securely, as I supposed, against the calamitous possibility of being “found out.” It would seem that this particular fear had been pretty well allayed, and that I was in a fair way to become emancipated from all of my obsessions (sexual). Yet, in view of what actually happened they appear to have been as strong as ever.

“Mrs. X—, with whom I had made this secure arrangement, as I supposed, was a minister’s daughter, with an ambition for the stage, who had married a dramatic critic, and then given up her stage ambition. For several years her husband had been a consumptive, and a few months before I met her, he had died, and, instead of returning to her home in the East, she had moved to A—to live. Here she was joined by her mother. The mother and daughter together had a small income—just about sufficient to live on comfortably; and at the time I met them, they were looking for a house in—.

“It was the mother’s idea that they should forego society, save rather than spend, and for a time make expenses by taking two or three boarders from among the unmarried instructor class in the university faculty. My rapidly developed intimacy with the daughter modified this plan. I assisted in finding a house, and became their only boarder, paying \$100 a month. I had a ‘frank understanding’ with both mother and daughter. It was the mother’s view that the daughter’s artistic temperament demanded that there should be no interruption of her sexual life. Furthermore, her sexual life had been imperfect; the husband had been comparatively old as well as physically feeble. In the understanding, I had been insistent on only one point; there must never come up any question of love and its obligations. I invented a girl-wife, who had died in childbirth, and in whose grave love lay buried. (Apparently this fancy about a *dead* girl-wife was also an unconscious protective wish-fulfillment that the autoerotic fantasy should die through the influence of Mrs. X—.) Mrs. X—’s mother could be sentimental as well as “sensible.” She called me her “poor boy” and was very tender toward this affliction. Fortunately, as she pointed out, her daughter, though of a warmly affectionate disposition, was wholly wedded to her art. We would all need to observe the conventions carefully. There was no occasion for social attentions on my part. Then, too, the whole family—the children as well—were in fresh mourning. Even, as the event proved, she was perfectly sincere; I had to modify my first impression that she was a moral monstrosity.

“I filled the spare room in the house (by day) with a clerical assistant. I was the only boarder. The older of the two children in the family was under four years of age. The arrangement seemed ideal. Yet, within a year, my discreet household suddenly revealed itself as a volcano, and blew up.

“During this year I had received an occasional rather formal note of invitation from Miss Y— no intimate letters. Doubtless Mrs. X had seen these notes. She had seemed intentionally to avoid reference to my social engagements. They were in fact not numerous. The annual foot-ball game between M— and the University of — is one of the social events in A—. Some time in advance of its announced date Mrs. X— asked me to take her to this game. It was her first request of the kind. Her period of mourn-

ing was over. She wanted to see something again of real life. It would do no harm, as she said, for me to show her now some attention occasionally. Her request was natural enough, but she showed a tensivity of feeling that was disquieting, even to her mother; and her manner indicated that she expected to be refused. I replied that I had already engaged to take someone else.

"This was hardly true. At one time, I had planned to ask Miss Y— and her mother. It seemed well, however, now to settle the matter. They were out of town and I mailed my invitation. Immediately afterward, ahead of my working program, I left town myself for a routine tour of inspection. A note of acceptance from Miss Y—addressed to my house as usual, was forwarded to me by Mrs. X. She had opened it, without apology for doing this; she had written across the top: 'I knew you were lying to me.' Such action was wholly out of keeping with her ordinary behavior.

"I returned, the day of the game, on an early morning train. I found Mrs. X— in her room dressing her little girl for breakfast. She appeared suddenly half-demented. Her mother was unable to quiet her. She picked up the child and thrust her into my arms, telling her to kiss her new papa—that I was to be her new papa. She derided me for 'that precious bit of fiction,' the child-wife story, over which 'I, poor fool,' she said, 'have wasted tears of sympathy.' I finally announced that I should give up my rooms immediately.

"I wrote out a check for an extra month's rent. This was dramatically crumpled and thrown at my feet, declaring I should soon discover that 'hell holds no fury like a woman scorned.' She sobbed hysterically in her mother's room for an hour or more while I was packing up. (The behavior of Mrs. X— illustrates the effects of a *positive* transference with its sacrifices and offerings shifting to a negative transference with impulse to destroy the object in order to get free from it.)

"My assistant had arrived, meantime, and I made arrangement for immediate shifting of the work to an office. I wanted him, with his gossip about a family row, to be as far away as possible. I could trust Mrs. X—'s mother to do her best to avoid a scandal, but was not sure that she would be successful. I left a hotel address on my personal baggage (for Mrs. X— to see); and then waylaid the expressman and changed it to another hotel. It seemed not impossible that Mrs. X— might follow me.

“On my arrival at the house in the morning, I had been prepared for trouble. I had hoped, by concessions for the future, to get back to a fairer understanding. But the life I was leading, suddenly presented to me in this sordid aspect, appeared no longer possible. I had carried off the scene with an air of righteous indignation, which, for the moment, I had thought I actually felt; but the underlying conviction was that I must prevent the possibility of a recurrence of such scenes. *I must again change my mode of life radically.* I was baffled, for there were other convictions with which this was in conflict. In addition, *I felt remorse.* After I had begun packing, the little girl had come to me with a message: ‘Grandma says, please don’t go.’ I had gone without a word; and this memory rankled. It is possible, though it is a mere guess, that the unconsidered act of cruelty of the gopher dream, with its remonstrating children’s voices (which I wrote out for you some months ago)\* reflects this old incident.

“I remember, as I hurried to keep the appointment for the afternoon football game, I was halted suddenly by an overwhelming sense of *panic*. It was related to nothing clear, though it was so sharp, like an electric flash illuminating the whole mind, that it is still clearly recalled. It had no relation, for instance, to the situation immediately ahead; to that, I was looking forward for relief from my repression. On the other hand, I was beginning to see that in all probability the situation from which I had just escaped had been brought to an absolute finish; and in the only way possible, as the event proved. The panic feeling was due, I think, *to something old.* *I had been let down, for a time, to the level of the old nervous instability, with its familiar perils* (autoerotic). It passed, however, and I regained full confidence. Strength for resistance had been acquired in the vigorous and successful experiences of the past two years. It would take a much heavier blow than that of the morning to floor me now. This resilience and feeling of relief I recall distinctly. It was the old rebound, characteristic of my temperament. I can hereby say that I have not felt any such elastic recovery of spirits on like occasions since.

“At the game, I was conscious only of exhilaration [temporary autonomic compensation]. I knew the coach of the University team (a C— man, as I was also), had followed the training records

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\*The gopher dream occurred during the psychoanalysis and will be given later.

of his stars, and was well up in football strategy. I was delighted to find my companion not unfamiliar with its principles, and showing restrained enthusiasm over the good points of play. I was in a mood to note and appraise highly this versatility and strength. These qualities, in a mere girl, had been of inestimable service to me already; and they were at my service further. I carried away from this last meeting an abiding impression, too, of her quiet joyousness and unconscious air of cultivation. *Certain details of sentiment here seem to be essential to this record, since they explain the lasting emotions.* During the game, which had aroused strong partisan feeling, I felt, nevertheless, that her eyes were on me often, not in coquetry, nor boldly, but in *kindness*. Shortly before I had called at her house, by appointment, to take her somewhere; and, while waiting for her, discovered a book with her card lying on it, addressed to me. It was Barrie's "*Little Minister*" then just out. I had taken the book with me on the trip I had just completed. This sentence had impressed me: '*Knowing what he is, the pride that shines in his mother's eyes, as she looks at him, is about the most pathetic thing a man has to face, but he would be a devil altogether if it did not burn some of the sin out of him.*' [An interesting incident showing the significance of favorite quotations as a means of solving great affective conflicts.] *I thought of this now. In spite of my long course in which love had been debased and simulated, my early illusions had remained; and if a resolution can be formed subconsciously, I believe I determined there that this sin of disloyalty to ideals should be burned out of me. I could give up my sexual life. It had relieved me of stresses and strains of a kind, but it had set up others, no less unnerving. In view of the contrasting experiences this one day had presented, the memory of the morning's experience was searing. My standards, or principles, had become confused. I was glad, by this easy renunciation now, to be able to pay my tribute to the sanctity of women. It required no act of will, and I have used none since to resist temptation; there have been no temptations. I have led a wholly continent life for twenty-three years. [The solution and fixation of the sexual struggle upon a chronic course of anxiety.]*

"At the close of the day, as the immense audience rose to watch the thousands of students of the winning side pouring into the field for the 'serpentine' of victory—the supreme spectacle—she detained me in the seat. (Her mother, on my other side, who

had risen, paid us, seemingly, no attention.) She wanted to know what was 'the trouble.' It was a surprise—an attack. Evidently I had been showing traces of worry. It seemed the natural thing to be entirely frank. However, I replied merely that I had given up my home quarters that morning and had moved to a hotel over in the city. She watched the expression of my face intently for a moment, her hand on my arm. Then she started abruptly to rise, turning toward her mother. As I sought to restrain her, she seized my hand impulsively, pressing it against her breast. As we rose together, she said, close to my ear, as if the uproar about us made that necessary: 'I think I shall have to take care of you, sir.'

"Mrs. Y— could not have heard this, yet she leaned toward me remarking: 'I see we shall have to make Anna your general manager, Mr.—.' It had the effect of a prepared speech. I could see that she intended I should so understand it. But I had no self-conscious feeling: I was watching the daughter, who was blushing. She turned resolutely toward me, though answering her mother: 'He has heard that already, Mamma.' And she laughed: 'I have told him so. He knows it.'

"(This is punishing work, though I am glad to do it. These pictures are like an artist's incomplete sketches, which he had turned to the wall as dreams that were too ambitious. I can remember them, but they seem to have meant more than I can ever discover. So, with the fragments of speech, I am not trying to record here what may have been implied; *yet it is these IMPLICATIONS, which I have endlessly debated in my mind, that make it a sore subject*).

"Miss Y— at once addressed herself with animation, and recalled our attention to the brilliant scene on the football field. But I was not to be diverted. It was an afternoon for light wraps, and I readjusted hers about her shoulders; then found her gloved hand and tucked it into my overcoat pocket. Almost immediately, however, she freed it; and leaned forward, nodding smilingly past me to someone at a distance in the same tier, lightly clapping her hands and pointing to the colors she was wearing—the colors of the victors. Evidently I had startled her; also *I felt rebuked. I had been guilty of the commonplace*. Yet, I persisted and sought to recover her hand. In this she avoided me—and of her own accord replaced it securely in my pocket.

"Her father, by prearrangement, met us at the exit. He was

taking the ladies somewhere to a later engagement. On the short return trip, we encountered acquaintances, a lively group. We drove away from the station, a party of four, and presently they set me down at my hotel. I was leaving town that evening to return to my unfinished work. I was to be away only a few days. Miss Y— stepped out with me ‘to say good-bye better.’ She gave me both hands gaily, swinging them apart as children do, which brought us nearer. She dared this, as her father was commenting on the sudden intimacy; otherwise, I should have kissed her. As I handed her into the carriage, to her parents, she turned an arch look back at me over her shoulder. I was hardly responsive to this gay mood. The carriage started and she smilingly raised an admonishing finger, which left me thinking of her question as to my ‘trouble.’

“In the course followed during the next few weeks, I acted on no conscious plan. Certainly I had no such craven course in mind, as I made the short run that night by train to the little town in the foothills, which I had left in the early morning. For the developments of the afternoon I had been wholly unprepared, incredible, as it now seems to me that this could be so. But I had responded to them on the whole naturally; and, *on the surface of my mind, at least, it was clear that I would marry Miss Y—*. For the time I could think of nothing but her loveliness. I was exultant; at the same time I was wondering why I was not *really* exulting. In earlier pages I have recounted the series of circumstances of physical illness which brought me to a coast town without reaching a voluntary decision. [He never saw Miss Y— again. Despite repeated arrangements to do so he was unable to overcome the repressions which forced him from her. The struggle is given later.]

“When I set out to write this simple history, it appeared confused and difficult. It proved to be difficult. I had to do a little psychoanalysis myself. It was not sufficient to say merely that I got mad and hit the other boy, though this records a physical act and an emotion. It must be perceived that it is important to add that he was the bigger boy, and that therefore the emotion was one of reckless anger; that I became thus violently incensed upon apparently slight grounds; he had merely called me a “sissy;” but this was a grave offense, because I felt that it was true; and that I must employ some retrospection to see why I felt it to be true.

(This example was in its essentials a true experience.) Yet it (the history) has been deeply interesting; for me, emotionally, it has cleared the air somewhat, I think. The incident last recorded, I recognized as its climax; and I have worked up to that with increasing reluctance, though with a growing fascination of interest. Now that it has been told—completely, yet with compression—I feel that all is over but the misery. In what follows, with the exception of the next paragraph, there is not the same anticipation of revelations to myself. I haven't the same interest. There is a succession of salient facts like milestones ahead, however; my uncertainty will be as to the detail required for their explanation. I haven't the same sure sense as to the significance of detail that I have felt up to this point.

“This lack of interest, not only in detail, but in the whole business [his science], from now on, had its beginning back in the late fall of '94, at —, the sunny, lotus-eating winter resort on the coast of Southern Florida where I had hidden myself. In simple English, *life was not worth living*. I had no thought of suicide. I didn't seem to feel the situation very acutely. It was too clearly settled, cut and dried and finished. There was acute feeling relating to the past, however. That was a *dull agony* that I couldn't think of. It was not a sense of my own loss. That was calamitous to be sure. It was remorse for what I had done to the only lovely girl who had ever stooped to help me. I had not meant the cruelty. I had left—after the football game, expecting, of course, to marry her. I had delayed my return because of unreadiness to meet her—*because of the unaccountable growing nervous debility*. When I finally started to return and was met with exclamations of “haggard,” etc., by my men friends, I postponed it again and made an additional trip into the mountains. Here, mountain fever, malarial fever, every physical illness that could fasten into a *pretty sound constitution*, got me. I was crazed. I have related how I finally came to rest, like a boulder on a ragged course downhill; with everyone irritably shaken off, and alone. I hadn't meant it, but I had done it. And the worst was that after all, I had meant it. The situation was not really bad at all. She had heard of all the circumstances, of course. It was merely necessary to get well, go back—and explanations would not even be listened to. ‘Poor boy,’ etc., ‘I had overworked outrageously.’ ‘Had not everyone

said so?' *The worst was, I didn't want to go back; must not.* I am clear now as to the meaning of my dream in rhyme in reply to my mother's urging that I marry (which occurred shortly after this episode):

'You tell me I now may no longer delay,  
But must lead some fair maid to the altar.  
Ye Gods! to the Anchorite Hills, I'm away.  
I'll abode on some desert Gibraltar!  
There, the *far siren voices* shall nothing avail,  
There, indifferent to good and to evil,  
I'll but swing by the tip of a prehensile tail  
From a bough of the forest primeval.' "

The patient never saw Miss Y— again. Each time that he made arrangements to meet her, the anxiety which was aroused by the prospective situation was so severe that he was compelled to avoid her. Another remarkable autonomic adjustment to the situation was the fact that in the next twenty-three years he did not have a seminal emission from any cause. This astonishing adaptation and consecration of all his physiological resources to the sacred memory of his mother and Miss Y—(for both now became memories), as suggested by the above quoted lines from Barrie's "Little Minister," burned out the sin and atoned for his past sexual profligacy.

To all his friends and the physicians whom he consulted, he was stupidly considered to be suffering from nervous exhaustion due to "overwork" and "malaria." The rest-cure was always discreetly recommended as treatment. It is also important to include that the patient himself accepted the nervous exhaustion explanation, being more considerate of his actual deficiencies, and not until the psychoanalysis called for an unreserved consideration of all the possible causes of his debility, did he actually recognize that the nature of his love and his sexual life had been fatal. He then dropped the "overwork" and "malaria" excuses and faced his issue as squarely as its hopeless nature would permit. This clear realization, however, came at fifty-seven, and the twenty-three years from thirty-four to fifty-seven were characterized by a blind anxious struggle with himself.

After his recovery from the distressing experience at thirty-four, he resumed his scientific work despite his tendency to be-

come despondent under stress. At forty-four, fifty-one, fifty-two, fifty-five and fifty-eight he was completely disabled for work. His miserable condition was diagnosed as "neurasthenia." The despondent episodes lasted from several months to two years. During this long period he made several scientific contributions and accumulated an enormous amount of data for his chief contribution to science, but was without the necessary inspiration to synthesize his work. In following him through his positions and places of work, it is worth stating that again and again he tried to replace himself in the attention of Miss Y—, using many clever plans. He even succeeded in having himself sent back to work in the University city in which she lived (sixteen years after the football game) and was invited to dinner by her brother-in-law, but unable to endure the anxiety, he broke the engagement.

At forty-four, he undertook a piece of work with his foster father of science, Mr. T—, and on the last day of their work together he had an attack of anxiety, playing dramatically for sympathy. He was sent to a sanitarium to recuperate and ended up with a dramatic plan of committing suicide in which he went into the country, taking with him some of their finest instruments, which he destroyed in a log fire. He was unable, however, to destroy himself although he had made special preparations. Then he explained his behavior and offered to resign. This was not accepted, but, instead, a sympathetic response was elicited from his superior in charge, Mr. T—, and the patient rebounded from his depression to buoyancy and hopefulness. Within a surprisingly short time he presented a splendid scientific paper with an acceptable *original* hypothesis, which latter may be considered to be the most difficult of all scientific achievements, and reveals the influence upon initiative of a *positive transference*.

From fifty-one to fifty-three "general debility" from physical weakness and ulcerated teeth, punctuated with brief periods of "exalted" feeling, forced him into a sanitarium near Miss Y—'s city. After this episode, he was unable to master himself sufficiently to do any prolonged work.

At fifty-three, a most significant termination of an episode occurred while he was convalescing at his brother-in-law's home. He lived alone in the house while his brother-in-law and sister were away for the summer, occupying their bedroom. One

day he received a telegram which announced the unexpected return of his brother-in-law. (Naturally they would occupy the house together that night.) The patient insists that he did not think of this, but the situation precipitated a strange anxiety condition with no apparent cause, and rather bewildered and excited, he finally proceeded to mow the lawn "in order to be busy." He soon developed a "heat stroke" and had to be sent to the hospital. When his brother-in-law arrived, a day late, the patient was safe from the embarrassment that might have arisen from too intimate personal contact. In view of the fact that the patient and his brother-in-law were congenial, this panic may be regarded as due to the patient's homosexual reactions. The patient said he recognized that he was misleading everyone, but the situation would permit of no other solution, although he could not quite understand why. While still in the hospital in a "confused" state, he received an urgent letter to "come at once" to give an impromptu lecture of scientific interest. Despite his physician's and his family's protests, he left his bed and went to work.

Because he was not equal to doing exhaustive scientific work he was transferred (at fifty-four) from his department of "pure science" into one of considerably easier but less attractive work. This transfer, to which he consented under pressure, meant the ending of his dream of working in "pure science" for Miss Y—'s esteem as his inspiration. His life was now clearly a failure and the loss of his old position proved fatal to his sublimations and his scientific career.

At fifty-five, a year after the transfer, he had another episode of despondency and staged two dramatic bluffs at suicide, clearly calculated to arouse sympathy. This he fully recognized at the time. After several months he "recovered" and confidently announced this to his aged father, but recognized in himself a pernicious tendency to "nervous tension." He also came to the realization that his shamming might become uncontrollable. (He had not learned to realize that the *tendency to sham* had, since youth, been ineradicable.)

Four months after he returned to work the climax of his neurotic career developed, characterized by a clearly defined paranoid *inspiration* to kill the man who was responsible for forcing him out of "pure science." (This man had cut off, innocently, the

patient's hope of reaching Miss Y—, and his adjustment was so similar to his old father-mother conflict that the earlier experiences clearly conditioned the reactions to the later.)

*The mechanism by which this inspiration came upon him is reported in some detail, because it is characteristic of the divine inspirations of prophets, deliverers, cranks, paranoiacs, and par-ricidal inspirations.*

Certain of his suppressive tendencies need to be reemphasized here. The patient always had difficulty in *spontaneously* expressing himself when it involved any degree of anger, having been so trained by his father's suppressive attitude. He always lost his capacity to retaliate "under injustice" *at the time of its occurrence*. In his preadolescent years he had had a pleasing singing voice, but it later came to lack resonance and showed very plainly that chronic vocal muscle tensions had deprived his voice of practically all resonant qualities, so that, although his vocal sounds were clear enough, they were rather unpleasant to listen to for any length of time. This, no doubt, was due to the fixed postural tensions of the vocal apparatus in turn so maintained by his efforts to keep the repressed affect of hate under control.

Upon formal occasions, such as scientific meetings, when he was assured by the formal nature of the situation that he would not be interrupted, he was able to speak with "zest and freedom." In informal situations where he might be suddenly interrupted, this had almost always been impossible since his youth, because of his father's suppressive attitude.

When the patient was offered an opportunity to accept a change of work, ostensibly for the betterment of his health, in a manner that he could not refuse, he recognized the undercurrent intention of his director (not Mr. T—) to get rid of him, but he was unable to bring himself to speak of it. He said he was rather inclined to the temptation to "sacrifice" himself. After the action was officially completed, the patient recognized, with no little despair, that the great hope of his life was gone unless he could transcend to heroic endeavors. *He felt keenly offended, but did not admit it to anyone.* Severe economic pressure pinned his imagination to the immediate requirements of earning a livelihood. To his coworkers and this chief, according to a written comment of this chief, he had become "the sad case of our friend —." It re-

quired some time for him fully to appreciate this, and the revelation as to his social position, as such things usually develop, came with the insignificant remark of an innocent bystander. One day, in the laboratory, a young man sympathetically remarked to a companion, not intending to be overheard, something about "the old man losing his grip." The patient was unable to free himself from the ringing impression it made. While brooding over this, being profoundly self-conscious, he felt a distinct affective pressure to have that opinion *spontaneously* reversed. Like a flash out of a clear sky came the solution.

His department was unable to undertake an important piece of work, which the patient was to direct, because the department from which he had been transferred would not cooperate. (He knew that his former director had lost confidence in him, hence the loss of the prospects of successful cooperation.) There was considerable general comment in the laboratories on the matter of the friction between the departments, and the men in general believed that this friction hindered the work. The patient's heroic inspiration was that "*the source of friction must be removed.*" Many of the other workers had the same opinion, but, in the patient *only*, was crystallized the inspiration that the thing to do was to kill the director. (The man who had forced him out of "pure science.")

Psychoanalysis demands to know why one man, in a situation common to many other men, reacts in a radically different manner. There are logical affective determinants for this. To sum up, the man he would kill was the (1) head of the service; (2) had prevented him from the possibility of winning his crown as a scientist, and, hence, the one chance of still attaining the final realization of his biological development—Miss Y—'s love and esteem: she impersonated the ideals of his youth; (3) the head of the department occupies the same psychological position to the employee that the father, as a ruler, occupies in the individual's youth. The father had prevented his son from "growing up," from developing his virility and winning a love-object, through oppressively forcing himself upon his son, as his rival. The mother had effectually blocked all his capacities to resist or overcome his domineering father, because under no circumstances could he pain her. Hence, at fifty-seven, when the affective tendencies coordinated upon a course of action, it came from the depths of his "soul" as an "inspiration"; clearly for him it was

his "duty" to remove the cause of friction in his struggle to become a man. Logically, he must kill this director. The position of his director in his emotions made him a perfect imago of the hateful father, whereas Mr. T— was the imago of the kind father.

The logical necessity of removing "the cause of the friction" was so convincing that it never occurred to him to consider the revengefulness of his motive. He was absolutely sure nothing indicative of revenge or hatred was felt. The director had to be sacrificed, and *he felt* he must do it. The patient felt that a deep, calm, righteous sense of duty alone directed him in his steps. The "inspiration" was nothing less than divine in its quality. With surprising cunning he planned the details of the execution, and, although he carried with him selected papers and letters to explain and justify his act, he insisted that it never occurred to him that his act would arouse horror and relentless criticism of himself. Without going into the details of his method, it is sufficient to say that the period of the formulation of his plans occupied about two weeks of very clear thinking, and during this period he felt himself to be *very well and clear-headed* (a symptomatic indication that the conflicting affections had found a common path for gratification). The affective turmoil had cleared up by coordinating upon a simple procedure. Just preceding the crystallization of his purpose he wrote a note to his father stating that he was *reorganizing his work along the lines of his years from thirty-two to thirty-four*, which was distinctly a reference to Miss Y— and a qualitative resumption of his old attitude to her.

He said: "I awoke with a full solution of the difficulty. It was so entirely satisfactory that I gave it no elaborate consideration. I would lay the matter before director— and ask him to cooperate with *me* [italics patient's] in putting it through. In case he refused to accept me as an intermediary, it would be necessary to 'remove' him. *I could then take the matter wholly in my own hands. It would be necessary, because any lack of confidence on his part would paralyze my own. I could do nothing with that load on my shoulders. I wanted his approval as I had had it formerly, but it wasn't essential. His active disapproval, however, would be blighting to my spirit.*" (Italics inserted.)

He said, in retrospective consideration, that he was afraid the

director would talk to him the way his father did and *turn him off without considering him seriously*. The father usually remarked about his never having grown up, and one of his greatest difficulties was that his father *never expected him to "grow up."* (Father's wish for son's virility was not given.) He felt compelled to kill, because he must remove "the source of the trouble," the source of the "friction," which he *allowed* himself to believe was the director, even though as an actual fact he knew definitely that this man had himself worked conscientiously to remove the friction between the departments. With the readjustment of his hatred he would become "free," and, as an actual physiological mechanism, would no longer suffer from the affective conflict.

"I didn't dwell upon the method I should employ for his removal. It was to be simple and effective. I should go armed, and, if necessary, shoot him. It was an unpleasant alternative to think of, but it seemed necessary." (See the parricidal inspiration of Guiteau.)

In his fancy, after the consummation of the act, he believed he would be hailed as a deliverer and a hero. With considerable reluctance, and no little embarrassment, he confessed that his inspiration encouraged him to feel that his act of removing the director would arouse a tremendous emotional wave throughout the country, and, when he explained his deed, it would meet with vigorous approval. *He would be hailed as a hero, placed in a position of power, and, with the enthusiasm of the people running high, he would perform great feats of national conservation which might even sweep him into the presidency.* He regarded this as a ridiculous sequel, upon sober thought, but its logical growth was spontaneous. (In its essentials his inspiration was not different from Guiteau's, to be referred to later. Both would win the presidency and an heiress. In both cases it was the hectic compensatory flush of a losing fight to win biological potency and transcend the tyrant of his youth. (See the crucifixion and Oedipus tragedies.)

He crossed the continent to carry out his plans, but fortunately his previous nervous instability and secret departure had aroused the suspicion of his friends. He was met en route by his brother-in-law, to whom he confessed his plans, and, frightened at himself, he requested to be taken to St. Elizabeths Hospital for treatment.

Upon his admission, he was somewhat depressed, genuinely alarmed at himself, and sincerely eager to get insight into his difficulties. His refined manner and bearing were genuine characteristics of the highly intelligent man. There was no mental impairment other than the weakness and sense of impotence which usually follows a disastrous emotional crisis. Much of the material elicited by the psychoanalytic method has already been included in the case record.

When his fairly well concealed hatred of his former chief was brought to recognition, the patient was astonished at the hideous trends that his personality had assumed. The inspired assault now assumed all the attributes of a diabolically conceived murder, for revenge as well as for freedom. The patient faced his guilt squarely, but, as the analysis proceeded, he came more and more to feel that something else had crowded him into a sordid state of mind. He inclined to reiterate that his old masturbation excesses had undermined his mental reserve and self-control, and that the opinion of the author of "Brain Exhaustion" was finally being substantiated. The pernicious belief that this debility must be his ending was so persistent that it had to be analyzed.

This necessitated a review of his sexual life and his masturbation fantasies. His case was unique in that a man of his scientific learning and general knowledge had had so little insight into the sexual life of the male. It developed that never before had he been able to discuss the subject, and, when he learned that auto-eroticism had its place in the normal evolution of the personality, he reacted with sorrow and regret that fortune had not saved him from a life of despair and harassment by favoring him with a kindly bit of advice in his youth.

His hatred for his father was brought out with a review of many incidents of unjust domination during the patient's youth. He was unable to control his grief while reviewing the father-mother-self triangle and the tragic emasculation of his youth. He was also unable to shake himself free from the fifty odd years of submission. Perhaps the age of his father and economic dependence upon him interfered considerably with this. The aresonant condition of his voice was not permanently relieved, although he recalled the father's *suppressive remarks about his singing*; his mother had delighted in accompanying his songs when a boy; and

he appreciated the influence upon the vocal tones of the forbidding of his spontaneous replies.

It may be summed up that despite six months of intelligent effort to throw off the father domination, he did not succeed. He did, however, arrive at the conviction that the effects of his father's disastrous domination had been *unintentional* and that no one had regretted his "childish," "girlish" attributes more than his virile father. He also learned to know that for him there were two kinds of people—those whose attitude permitted him to express himself freely and those who were suppressive.

The affective dependence of the patient upon his grand, old, genial master in science (Mr. T—), and his long series of dramatic, semi-crucifixion-suicidal attempts, were so clearly alike, in purpose and method, to his methods of winning expressions of "tender" concern from his father, that he recognized the significance of it at once.

The "heat-stroke" episode at his brother-in-law's house produced, upon its analysis, no little discomfort and complaints of a "sinking feeling" when his effeminate dependence upon virile males became clear. His father hated his "girlishness" and his family had striven (blindly) to educate him out of it although actually forcing him into the submission. It had never occurred to the selfish father that *he* should back down, unselfishly, in order to let his son occupy the throne of virility with him. The patient insisted that he had "feminine" qualities, but, spontaneously, with undue earnestness and repeated efforts, he tried to establish that he was not "effeminate." No homosexual relations had ever occurred, and no perversions.

He *dreamed* of a knight in beautiful armor who appeared before an audience, and a penetrating light was thrown upon his pelvis which revealed the genitalia of a female. He recognized himself as this knight. This was a reaction to the light of psychoanalysis. He also *dreamed* of a man singing to an appreciative audience. The man had a baritone voice, but it changed to contralto and then to soprano. The hair became long, although the mustache remained; the breast was a man's but the manners were a woman's. The singer showed embarrassment, then distress, and, finally broke down in tears. The audience sympathized with him. The patient awakened "in strong agitation," and recognized the singer as himself. At one time he had had a pleasing baritone

voice. He never shaved his mustache in order not to look effeminate.

Two insurmountable obstacles finally stopped the psychoanalysis, in that it seemed profitless to continue it. (In the light of further experience with this type of case this must be regarded as a mistake.) One was his love for Miss Y—and the other was his well-founded uneasiness lest he should become a public dependent, because, at fifty-seven, he was losing ability and had no economic resources.

Miss Y— appeared in many of his dreams and always urged him that the past “makes no difference,” but that he should return to work and succeed. Miss Y— still appeared to him as she was at nineteen, although now she was over forty. She had never married, and lived a comfortable but lonely life (probably still hoping for his return, judging from her expression of interest in the patient through her brother-in-law, sixteen years after he had disappeared). *Her wealth and his poverty, he felt, made a union impossible.*

The cause of his inability to return to Miss Y—, after the football game, was explained by a dream. He had been reading Rank's “Myth of the Birth of the Hero,” and previously analyzed out the origin of his masturbation fantasies in his mother, but, strangely enough, he was unable to appreciate that Miss Y— had the physical and personal features attributed to his mother and the girl of his autoerotic fancies and heterosexual relations when the woman accused him of thinking of some other person. He dreamed, “the *unfriendly part* of myself was throwing lantern-slide illustrations on a screen and lecturing that ‘all women are the same’ (meaning voluptuous). He showed a skeleton, obviously feminine, and superimposed a series, ‘startlingly familiar to me,’ of feminine figures of ‘all the women I have known.’ The figures, nude and with living flesh tint, were superimposed almost exactly, illustrating the point. Then the speaker triumphantly exclaimed ‘the composite,’ and the audience stirred as if with pity or indignation as he showed a figure appealingly beautiful, composed of a thousand figures, dream conceptions that I thought of during sexual intercourse. The figure turned to marble, and the audience recognized that it was unreal and the lecturer's purpose was defeated. Then, to convince the audience, the light was made softer, and a single figure began to appear, and

it was unmistakably living. As the illumination grew stronger, and glowed, I recognized it, my bonds were broken, and I smashed the instrument."

This dream reveals its true significance when we recall that, for him, all women, except one type, were essentially the same in their sexual unattractiveness, unless he enriched them with fancies about a certain type. The similarity of this girl of his sexual fantasies to Miss Y— tended to associate them together in his mind, but he was saved from the vulgar desecration by having her turned into marble. When he was about to ask Miss Y— to marry, the "commonplace" associations of thought, the result of his past indulgences, so horrified him that he was unable to approach her as a lover. Even twenty-three years of bitterness and sexual abstinence did not "burn" out the fixed mental tendencies as Barrie's phrase suggested they would.

The psychoanalysis stopped at about the point where, figuratively, he smashed the source of light in the dream, in that he could not face the last fact and consider why he remained attached to Miss Y— but would always have to avoid her. The solution of his problems came, *arousing genuine enthusiasm*, through a *dream* in which he made a financial success by commercializing his scientific knowledge. He now laid his plans upon a practical basis, and urged that his freedom be restored with such common sense and judgment that he was permitted to perfect his plans for earning a livelihood. If successful, he might then approach Miss Y—, he fondly hoped.

In the meanwhile he had more than recovered his physical strength and weight, general bearing and emotional resources for work. He and the chief, whom he had planned to assassinate, had become very friendly. All of his friends in science, to whom he submitted his plans, more than approved of their value and practicability, so that the patient was discharged as socially recovered eight months after his admission. His old master in science again responded with encouragement and financial support.

For seven months he worked on his business project and depended upon Mr. T— for encouragement and financial support. It finally became evident that the project would fail, and, because of family obligations, his patron was forced to intimate that further loans would be unfair to his heirs. This, of course, plainly

said that, after all, blood relatives are to be given preference and he must stand alone (breaking the transference).

This preference and his poverty, in addition to his inability to get employment in the service in which he had previously worked, finally precipitated a catastrophe. Under conditions that indicated premeditation he shot himself in the head in one of the laboratory rooms which was under the charge of the man he had once been inspired to "remove." He left the following significant note:

"Apologies are due, but the Director knows that some *sacrifice* is necessary, somewhere, sometime, to make the connection." (Italics inserted.)

As enigmatical as this seems to be, it is quite transparent if it is recalled that he was inspired to remove this man in order to "remove friction," and also in order that he might have a fair chance of still winning Miss Y—. His life-long worry about adolescent masturbation, his bitter resolutions to purify himself and make himself worthy, the loss of the encouraging influence of his master in science, who counteracted the depressing influence of his skeptical father and director, the hopeless attachment to Miss Y—, his economic poverty, even though relatives were willing to give him a home, and his mother's persistent influence establishing the pernicious tendency to sacrifice himself when his affections were opposed to authority, probably were the principal determinants that converged upon the sacrificial suicide, a renunciation of all competitive interests, and an eternal regression to his mother. True to his childhood inspiration, of which he often devoutly told his mother, that nothing could ever separate him from her, he finally had to give up the struggle to establish his own biological integrity and independence.

Had the patient fulfilled his impulse to kill the director, he would probably have fortified his position with all the logic, fancies and inspirations of the true paranoiac and suffered as a martyr. He had brought his old correspondence for this purpose. The jury would probably have given the verdict of insanity, because of his long series of neurotic episodes and acquitted him of a very intelligently planned crime, and an *inspired act*, that was committed in order to "*remove friction*." This homicide would have been due to a desperate effort of the repressed and misdirected affect to break through the insurmountable resistance and

save the personality. This is essentially the mechanism of all inspired and compelled acts: to break away from the repressing influences and attain affective freedom.

The causes of this man's *suppression* or *anxiety neurosis* (diagnosed as "locomotor ataxia," "malaria," "neurasthenia," "delicate constitution," etc.) were obviously the inability to compensate and remove the repressive influences in the persons of his father and others which were preventing him from developing virility and escaping from autoeroticism and feminine submissiveness. The manner in which the repressed affect finally converged upon a desperate, eccentric inspiration in order to win freedom and attain potency will be seen, in the chapter on the paranoiac, to be the mechanism of pernicious repression and compensation.

This *parricidal compulsion* is the opposite of the *crucifixion* and sacrifice to the rival father. Both acts are founded upon the *suffering mother's love*, but become differentiated into *parricidal* or *sacrificial solutions* by the *hatred* or *love* of the *father* for the rival infant and later for the adolescent. This in turn depends upon whether or not the father himself has difficulty with the tendency to homosexual reversion or is a well-established beneficent, virile, heterosexual type and does not mind the aggressions and claims of his son because he will "grow up" and perpetuate the father to the third generation.

### Suppression Neuroses in War

The manifold problems besetting the army surgeon, under the caption "shell shock," arising from the stresses of a military campaign, and the shocking powers of modern artillery, have produced an enormous number of maladaptations which are to be correlated into two fundamental groups: (a) the cases attending *organic injury* and (b) the cases of *affective suppression* or *repression*. Either type may occur with or without *predominant* symptoms of autonomic distress.

The cases of organic injury include both the gross hemorrhages and thrombi, as well as the molecular intraneuron disturbances due to violent cephalic auditory concussions. Probably most cases of internal organic molecular injury which cause abnormal variations of behavior are to be easily differentiated from the affective derangements, because they belong to the cerebellar ataxic, cerebral amnesic and aphasic types. The treatment in

such cases is essentially rest, physical reconstruction, and reeducation.

The affectively distorted, however, because of their irresponsibility and pernicious influence upon the morale of their comrades, form a more serious problem for the medical officers. The essential factor is that the terrified autonomic apparatus *reflexly* forces the individual into a useless adaptation in order to escape from pain and danger. These adaptations consist usually of the disuse of motor or sensory functions (as motor paralysis of limbs or larynx; hyperesthesias or anesthetics, as irritability, blindness, deafness, anosmia) or the distortion of motor functions, as in spastic contractions and imitative postures.

This group of functional cases, complicated and highly individualistic in their personal qualities, is best treated by giving each patient sufficient personal attention to establish a *transference* from the patient. Then the physician is able to influence him with suggestions. The hypnotic type of suggestion can only be made after an affective transference has been established, otherwise no state of *rappport* exists. Suggestions under light ether anesthesia, no doubt, must have a similar affective foundation and the transference determines, by its vigor, the posthypnotic degree of successfulness of the suggestion.

The soldier who generally suffers least from battle is the man whose affect craves most to fight for the cause of his people. This, however, is determined by the nature of his love for his people and their principles. His sacrifice to save them is rewarded by propagating their cause and winning their love and social esteem. In the following repression neuroses it will be shown that the individual who is subconsciously autoerotic or sexually indifferent to the future welfare of his race, as the indulgent homosexual (not the sublimated), has usually the least capacity to make severe sacrifices for the cause of his people.

MacCurdy's studies of shell shock, as an analytical contribution to our knowledge of the individual character in relation to shell shock, establish the prevalence of abnormal biological (sexual) types among these cases. It has repeatedly been stated by French, English and German writers that psychoneuroses arising in a military campaign contain nothing new in principle from the cases found in civil life, which is essentially true.

My impression, based upon a review of the literature collected by F. E. Williams in "Neuropsychiatry and the War," and four years of analyzing psychoses in soldiers and sailors in St. Elizabeths (Government Hospital for the Insane), is that the functional maladaptation that renders an individual useless for a military campaign is a profound biological adjustment to avoid the causes of *fear*. The causes of fear are usually (1) potential death and physical injury, or (2) an uncontrollable subconscious craving to commit *submissive* homosexual perversions because of the sexual isolation.

The autonomic state of *fear* is in itself extremely distressing and a grave test of the compensatory capacities of the autonomic apparatus (adrenal, thyroid, hepatic, respiratory, cardiac, vasomotor, renal, digestive). A disease process in any of the divisions of the autonomic apparatus or undue fatigue from exertion and insomnia predisposes to a failure of compensation and the maintenance of aggressive resistance to the hostile or seductive environment. The individual who has undergone an eccentric deviation of the psychopathic type, in order to avoid being forced by military command or social obligations to compete with the causes of fear, usually is unable ever again to meet those stresses with sufficient confidence to make him feel reasonably sure of compensating successfully, unless protected by a profound transference or love for his people or some one representing them.

The psychopathologist must therefore make a neat discrimination between ordering the soldier, after his readjustment, into a less dangerous environment, in order to save him from breaking down again, or returning him to the battle to sustain and propagate, eventually, the ideals of his people. It is needless to emphasize that the acquirement of most unusual insight into human nature is absolutely essential for the successful practice of psychotherapy. In this respect the medical profession has utterly failed to encourage its better equipped members to give psychopathology serious attention and understand the significance of anxiety and its ranges from a mild malaise to terrific panic.

### Restatement

The two foregoing cases of chronic anxiety are, after all, not unusual types of cases. They were differentiated principally, in

Darwin's case, by an unqualified submission which is *rarely* successful (his adjustment could only have been successful because of his *economic independence* and his *wife's marvelous devotion*), and, in Case AN-3, by the severity and remarkable perseverance of the struggle against hopeless odds for an impossible goal. The psychopathologist meets with almost innumerable varied causes of anxiety, but, in one factor, they are all the same—the anxiety is due to the *suppressed or repressed affect trying to force its way through the egoistic resistance in order to obtain relief or gratification*. Hence, whenever a patient describes his physical symptoms and the latter indicate undue tension, both the nature and the cause of the suppressing and suppressed affect must be sought. The cause of the suppression is egoistic and environmental, that is, due to the obligations required by the individual's associates, as the wife, children, employer, commander, or priest, as the initiator of a conflicting fear and wish for esteem. Although the suppressed affect may be *love, fear, hate, shame or grief*, the anxiety is due to the inability to get relief and get rid of the affect.

The most common forms of affective craving which society requires the individual to suppress, and which constitute the most serious personal conflict, are *autoerotic or homosexual love, incest, hatred and fear*. They are all rather easily recognized and admitted when the physician has the confidence (transference) of the patient and the patient has not made a complete repression and affective convergence upon a functional defence or sublimation, *physical or ideational*. The physical distortions constitute the solution, and like the fancies or ideas, are the product of a persistent kinesthetic sensory stream which is sustained by the converging affect (repressed and repressing) becoming fixed in the adjustment of the conflict. Such maladjustments may in turn become the foundations of further distortions, thereby enormously complicating the personality. The mechanism of the *repression neuroses* will be presented in the next chapter, and the manner in which the psychoses are elaborations of the psychoneurotic adjustment is given considerable attention in order that the discussion of the latter may logically follow.

## CHAPTER VII

### REPRESSION OR PSYCHO-NEUROSES

#### **Their Mechanisms and Relation to Psychoses Due to Repressed Autonomic Cravings**

The true *repression neuroses*, which exist in the form of *special phobias* and *definite compulsions*, which are not common to the individual's social group, and the *eliminations* of the use of special functions or organs (as anesthetics and paralyses), contain a distinct, additional mechanism from that which is found in the pure *suppression or anxiety neuroses*. In the latter, distressing tensions of different segments of the autonomic apparatus occur (chiefly gastrointestinal and cardiorespiratory) which, in turn, disturb the reciprocal adjustments of the other important segments, such as the sexual or renal functions. These disagreeable tensions are always due to threatening factors within the personality or in the environment which cause *fear* reactions (such as shame, grief, disgust, fear of censure, persecution, injury or failure, etc.). Distressing *hypotensions* of viscera (sinking feelings) are due to the failure of the autonomic apparatus to compensate. (In many instances, defensive compensation tends to increase the punishment or threat, as when a parent, teacher, mate, or an employer demands abject submission.\*) When the autonomic apparatus tends to overcompensate in a painful situation, the individual is distressed by the *hypertensions* of visceral segments. The individual, in the anxiety neuroses, becoming afraid of his ability to control himself, tends to avoid the situation, as in Darwin's seclusiveness because of the tendency to become unduly distressed by social gatherings, but he does not obscure its true nature from himself by fooling himself into believing that the distress is caused by an extraneous influence.

So soon as the individual, in order to avoid recognizing the painful factor in the situation, attempts to give it a pleasing, fic-

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\*Animals and birds often use the mechanism of complete submission in order to avoid the punishment that may come if anger is shown; as the puppy lies on its back exposing its throat and abdomen to the other dog's domination.

titious value, then what usually proves to be an impractical distortion occurs; as the devoted mother, who, refusing to recognize the lies in her son's explanations of his misbehavior because that would be too painful, overcompensates with some foolish indulgence. Such adjustments eventually place the individual at a progressively increasing disadvantage if he must struggle with competitors in order to retain his social and economic position.

In the repression neuroses, the individual suffers from a functional distortion because the autonomic segment, giving rise to affections which would claim a hazardous object or course of behavior, is kept *repressed* by a vigorous compensatory coordination of the remainder of the organism (the *ego*) upon some associated interest or function. This adjustment controls the activities of the final common motor paths (Sherrington); as in the case of mysophobia; or in the functional disuse of a limb (paralysis) or sense organ (anesthesia).

Obviously, any defective adaptation of this nature to an emergency more or less reduces the individual's capacity to master the environment, hence, to compete for social influence and esteem. If the adaptation involves the aggressive self-assertions that are necessary for effective competition, such as talking in a resonant voice directly to the point, and makes it impossible to functionate with due impressiveness and without posing, the individual's efficiency is enormously reduced. One finds that very capable men, who are too timid, must accept subsidiary positions because they can not endure the embarrassment that is aroused by the possibility of failure in competition.

Such adjustments and repressions do not necessarily in themselves make an individual unhappy. They may, however, make it impossible for him to compete for a mate or a responsibility. One finds everywhere worthy men and women, who desire nothing so much as parenthood, chronically avoiding everything pertaining to sex; hence, whenever the sex interest begins to assert itself, the subject is avoided, and not even the preliminary stages of "making love" are attempted. The scene that promised much is tactlessly ended, and for months the memory of it is cherished and wondered at because of what might have been. But no further progress is made.

Individuals, who grow into this biological type, are incapaci-

tated by sexual repressions and absurd compensations. They are usually started in childhood through the influence of some prudish adult who labors under the mission of eliminating everything that pertains to or stimulates a sexual interest.

The concentration upon a substituted interest, by which the intolerable wish is kept repressed and the compensatory trend is also gratified, may assume the constructive course of making some particular creation or investigation, or the destructive course of merely eliminating some vitally necessary function or affection. A great deal is being said about hysterical *conversions* and conversion mechanisms. The term *conversion* was adopted by Freud (see case of Miss Lucy R—). He confusingly assumed that “psychic energy,” without explaining what is meant by it, becomes converted into a physical distortion or functional derangement such as a paralysis. This conception, so generally used in articles on psychoanalytic studies of neuroses, seems to be, upon careful consideration, incomprehensible as a biological phenomenon. It is not only confusing but unnecessary. There surely can be no difference in principle between the making of different overt movements, say in making sounds and signs with the hand or vocal organs, and preventing their being made. The innervations necessary to maintain postures and functional paralysis require autonomic reenforcement just as much as skillful movements require it. Functional anesthesia, or hyperesthesia of any receptor field, is in principle the same as the commonplace phenomenon of directing attention. It is *entirely a matter of affective, or rather autonomic resistance to, or craving for, the stimuli which are received by the particular sense organ*. It is nothing less than a *reductio ad absurdum* to assume that *repressed anger* can be “converted” into a physical distortion. The repressed affect, or rather the hypertense repressed autonomic segment, simply forces the assumption and maintenance of a fixed attitude, stereotyped function or an idea, which requires as constant innervation and affective reenforcement as the performance of countless movements to attain an end; as in the handwashing of the following case of mysophobia, or the case of functional paralysis of the leg, or Darwin’s life long compulsion to solve the riddle of the evolution of life and the origin of species. The functional variations in the innumerable psychopath<sup>is</sup> to be met with in the practice of medicine are determined by

the manner in which the affect has been *conditioned* and *repressed* and has compensated and its stimuli have been associated with avoidable or unavoidable factors in the environment.

*Compulsions* and *obsessions* are the same in principle, in that behind the compulsion to perform a certain act, or the obsession that something might occur, when performing a certain act, is the *fear of the possible consequences if* such acts are not always performed. The difference between compulsions and phobias usually lies in the manner in which the patient or physician regards the difficulty. For example, in the case of *mysophobia* the *compulsion* to wash the hands was a compensation for the fear of being "contaminated" by dirt, germs, feces, etc. The fear of fecal contamination, however, was based upon the craving or love for anal-autoerotic fancies and sensations. The compulsion or phobia was always emphasized by the patient. The erotic craving, however, was always concealed with the utmost determination. The *delusion* and *hallucination* as the result of vivid sensations caused by the persistent struggle of the repressed affect to get gratification, are actually the result of the obsessive craving compelling the individual to be conscious of the specific sensations because they are, in some manner, associated with the stimuli that might gratify the affect. *Phobias* are usually due to *fears* of having tabooed cravings: therefore, what is the repressed wish or craving and the secret *experience* in which some such indulgence actually occurred?

A dependent old mother is obsessed with the fear that her daughter wishes her to die. This gives rise to compensatory behavior which is designed to make the daughter wish that she should live. The foundation of the fear about the daughter's wish is the fact that she prevents the daughter from marrying and usurps her affections for herself. The daughter, being forced to repress her wishes for maternity, which naturally tend to remove the obstruction, the dependent mother, compensates with feelings which compel her to renounce all social engagements that may give rise to the possibility of an offer of marriage.

Behind compulsions or obsessions is the *fear* of yielding to a *repressed*, intolerable, secret *wish* of which the individual has succeeded in keeping himself unconscious by concentrating on a *substitute*. This substitution usually becomes very much involved, because of its eccentric nature, with the adaptations that are

necessarily required in the day's work. The patient *never* comes for relief from the *repressed* wish, but desires to be relieved of the exhausting drains necessary to maintain the substitution. The medical profession, until Freud worked out the mechanism of the compulsion, was as helpless in the solution of the mechanism of compulsions as academic psychology.

*Simple phobias*, such as fear of water, fire, automobiles, beetles, spiders, foods, strangers, etc., are often *conditioned* autonomic reactions due to the accidental association of the object, as the mouse, with a primary fear producing stimulus. The primary cause, say the frightful story of a sadistic nurse told in childhood is no longer recalled by the patient, but the presence of a mouse still causes a repetition of the panic of childhood.

*All cases in which the repressed affect is resisted by the personality, causing a functional distortion, should be considered as repression neuroses.* The individual who has *repressed* the affect and refuses to regard it as a part of his personality, is logically subjected to a mysterious, persistent, pernicious influence from which he can never escape, and this force is potentially liable through a *summation of repressions* or *exhaustion of the ego* to produce a serious dissociation of the personality. Undue stresses (diseases, exhaustion, insomnia, failures) weaken the controlling wishes which are striving to retain social esteem.

The following patients, who illustrate these mechanisms, are divided into two groups. Those who strive persistently to *eliminate* or *castrate* the functional or organic inferiority in order to get rid of a craving, and those who strive to *simulate* a function or condition which pleases the otherwise ungratifiable craving. The *elimination* types of psychoses and neuroses seem to be more *malignant* than the simple *simulation* types, because in the latter the affect often obtains gratification, that is, is neutralized and the craving ceases.

There is a distinct functional difference between the repression neuroses and acute dissociations of the personality marked by hallucinations. The degree and persistence of the dissociation process varies enormously.

In the following Case PN-1, the patient was compelled to wash herself almost incessantly in order to obtain relief from the fear and shame of being "contaminated" by feces. The feeling

that she was contaminated had its origin in an anal autoerotic catastrophe of which, because of the embarrassment it caused, she had to keep herself unconscious ("forget it").

Case PN-1 was a young woman, unmarried, with a high school education and considered to be a likable, capable girl by her friends. She was well able to earn a living, and apparently successful, when there developed quite suddenly an intense mysophobia, (fear of being "contaminated by dirt").

The history of the onset showed that she had been inclined to conceal her emotions, and was, secretly, very erotic. The important feature in her case was the incessant compulsion to wash her face, hair, hands and body, but chiefly her hands, because she believed she was "contaminated." All her interests in her family and friends were completely subordinated to this craving to get clean.

She had to quit work and spent practically all her time washing and drying herself. When the distracted parents and sisters tried to stop her, she became "wild," pleaded, begged, cried, fought, and became panicky until they permitted her to resume the washing. A few minutes after she felt herself to be clean, she would again be compelled to use soap and water and would consume an entire bar of soap at a washing if permitted. She finally had to be sent to the state hospital in order to protect her from the obsessive craving.

The sole topic of interest to her was that she had been "contaminated" by filth and could never get clean. Her conversation showed that there was no intellectual impairment. She would give no explanations about when or how she had become "contaminated."

When washing herself, she rubbed the skin surface with highly rapid, short, brisk strokes. Her almost breathless eagerness and the flushed, excited face, and expression of rapturous delight suggested a strangely erotic excitement in the contamination. She sought no relief from the compulsion to wash and would gladly have devoted her life to this obsession—an interesting form of biological abortion. (Her behavior, or affective state, was not characterized by the disgust that one would expect when removing filth from the skin.)

Her compulsion, after more than a year's duration, was considered incurable by the physicians she consulted. Almost daily

brief talks and earnest suggestions about her welfare had no mitigating effect upon the craving to remove the "contamination." Without my realization, however, of what was transpiring, this young woman, about my age, was responding to my interest in her welfare by making a *transference* to me. (This case was worked out in 1911 after reading Freud's *Studies of Hysteria*. I now feel sure that only the development of this transference made the later grewsome analysis possible.)

The transference developed to a state that made her feel an interest in other possibilities of living. I was then learning the technique of psychoanalysis, and success with another case was creating an interest among the patients. This led Case PN-1 to seek the intimate conversations of a psychoanalysis.

The essential points of the origin of the feeling of having been contaminated, were easily uncovered, but, as she brought them out, she vigorously denounced me for "putting the thoughts into her mind." (I was extremely careful to avoid making any other suggestion than that whatever we were considering at the time would surely remind her of more details. In this sense I did suggest that she would recall the memories of a painful experience, but in no sense did I suggest what it would be.)

She uncovered her secret autoerotic fancies with considerable resistance and embarrassment, but her confidence in the sincerity of the procedure enabled her to recall the delicate secret of her love fancies about her cousin and a playful scene with him.

This led, in turn to the critical scene in the kitchen. She visualized herself washing dishes, and her sister working near by. She was having difficulty in washing some object and her fancies indicated that she was in a decidedly erotic mood. Despite the embarrassment, she honestly revealed that she was menstruating at the time and was wearing a cloth made from her father's underwear. Then she added the significant fact that the thoughts of this cloth had aroused more pleasure than she had realized, and in her erotic mood she felt a desire to allow her bowels to evacuate.

Despite her sister's presence, before she realized the precariousness of her state of mind, she yielded to the erotic pleasure, because, as she said, the passing of the feces would "feel good" (substitution for phallus).

Immediately following the evacuation, which she was inclined

to urge was influenced by diarrhea, she found herself in an extremely embarrassing situation. She fled to the toilet and in undressing her hands became contaminated with feces.

Her guilt and shame were greatly aggravated by the dread that her sister might guess the truth of the incest. The sister seemed to accept the affair as an accident, but the mortified girl could not be convinced. The shame from the erotic fancies about the father and the cloth could not be completely repressed from consciousness, and the struggle to get clean by washing, which she was doing at the time, persisted as a defensive, persistent, obsession.

With the recall of the semirepressed material, her mortification and anxiety became serious. She upbraided me for having brought the thoughts to her mind and had to be placed in bed because of becoming suicidal. Whenever she saw me, her anxiety waxed into a crescendo. This continued for several weeks and I now feel its long duration was due to my inexperience with the transference under such conditions and my inability to advise her properly.

Unfortunately, I was unable to complete the analysis and help her to free herself from the secret father attachment because of leaving the hospital service. Several months later, however, I received a letter from her that explained the outcome. In it she expressed gratitude for having been cured. She had returned to work and was enjoying excellent health.

The incessant compulsion to remove every possible trace of "contamination" was obviously a desperate effort to wash the erotic guilt away. This sense of guiltiness was persistently forced into consciousness by the repressed erotic cravings for the father, which had suddenly been transformed from a secret pleasure into a terrible burden, because the whole truth might be surmised by the sister, who probably vaguely knew more than she would allow herself to realize.

This type of anal autoerotic personality, with the father as the affective object, will probably develop into a gravely psychopathic personality having terrific affective difficulties and distressing feelings of being socially inferior unless she is helped to establish an adequate affective readjustment. The cleansing obsession in her case might be compared with the behavior of a young homo-

sexual soldier, very tense, inaccessible, and hostile, who would stand for hours before the window with his mouth wide open to let the sun shine into it.

The above case was essentially due to a persistent attempt to *eliminate* an intolerable affective craving and the sensory impressions (memories) aroused by it. The following case was also characterized by a series of *elimination* procedures in which the patient used the mechanism of repressing (forgetting) the affections and memory impressions that pertained to a painful experience, because it was her only means of escape from a distressing situation. The extent to which the elimination of inferiorities may be developed is astonishing. It often includes the most radical of major operations if an unsophisticated surgeon can be found, who sluggishly conceives the personality to be an organic mass whereby his scalpel becomes the supreme truncheon of the universe and he its irrepressible wielder. Panhysterectomies, curettages, circumcisions, thyroidectomies and gastroplastic operations are not uncommon sequelæ of the patient's effort to refuse to recognize the repressed affective cravings, particularly hate, envy, jealousy and love.

Case PN-2\* was a slender, dark-complexioned girlish looking woman, of medium height, twenty-one years of age, who was admitted to a state hospital for the insane because she could not control her "hatrish feelings" and "jerking spells."

During the admission proceedings, she sat quietly in an inconspicuous chair, her head lowered so that the brim of her hat concealed most of her features. When she looked up, she timidly lifted the hat just high enough to permit her eyes to peer beneath the edge. She smiled at almost every remark addressed to her, contrasting strangely with the uncontrollable feelings of hatred of which she complained and indicating compensatory efforts to hide those feelings. Her husband gave the usual brief account of her illness, but carefully hid his feelings of personal responsibility, displaying no intimation of insight into her condition. However, he was very solicitous of her welfare.

The patient's life on the ward for the first few days was uneventful. She adjusted herself fairly well to the companionship and society of other patients, accepting the routine requirements

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\*This case was reported in the Journal of Abnormal Psychology, April, 1917, as: "A Study of the Anesthesia, Convulsions, Vomiting, Visual Constriction, Erythema and Itching of Mrs. V. G."

and finding some light work to perform to curtail the periods of idleness.

When her ear was pricked, in order that a blood specimen might be taken, she submitted to the ordeal without any signs of uneasiness until the blood was being cleaned off. Then, suddenly, she became embarrassed, and seemed to be very uncomfortable, but said nothing to the physician (conditioned repressed affect).

One morning, after this incident, when I made my ward rounds, I found her standing before a window, seemingly very much embarrassed. The muscles of her body were jerking vigorously and she explained when I approached that she hated "that man more than any one in the world." (She referred to the physician who made the ear puncture and whom she had just seen pass the building.) She could not explain why she hated him; he had not hurt her but had been kind and careful, she said; but, nevertheless, when she saw him, she felt an intense hatred.

Within a few days after her admission, the "jerking spells" or "hatrish feelings" recurred so frequently that she was seldom without them. She complained, pitifully, that, despite her efforts to control herself, even the slightest commands of the nurses affected her. Such impersonal orders as the call of the patients to attend dinner caused her to feel intensely embarrassed and resistant, even though, as she expressed herself, she knew better.

She told me of one of her reactions when she was in the grove with her ward. "She [the nurse] called us in a very pleasant voice [to come to the ward], but it affected me so deeply that in a second, my thoughts were in a whirl. I came in, and went to my room and cried. All those bitter thoughts back in my childhood, rushed through my mind. I could see them all, like a flash, pass in a string, and it made me feel so bitter I cried, and then went to sleep. But today I feel better."

It was observed that practically all of the muscles of her body "jerked," that is, became involved in convulsive movements during many of these episodes. The recti abdominis were included in the large group of muscles which were involved, but not until later was it ascertained that their activity was *conditioned* by a distinct experience. With the attacks, there would often be intervals when she would beat herself and dig her nails into her palms. She was afraid that she might injure herself or others. She did not hallucinate or lose consciousness.

Upon examination, without a perimeter, it was found that her visual field for colors was markedly constricted for the right eye and practically normal for the left.

The patient did not react to heat, cold, touch, or pain, except sometimes when it was strongly suggested that she could feel the stimulus, over the right side of the face and neck, right shoulder, arm, trunk, and leg. She also practically gave no response to stimuli over the posterior surfaces below the waist. The left side varied considerably at different times, but, on the whole, the sensations were normal over the left half of the face, shoulder and arm, except over the hand and a narrow strip which ran down the left side of the body and leg to the ankle. Stimulation of the hands and feet yielded no response. She had never complained of loss of sensation, had no idea of its duration, and seemed to be surprised at the discovery.

On the extensor surface of each forearm, about midway between the elbow and wrist, was an irregular, blotchy, slightly raised erythematous surface. Each area was about as large as the finger surface of a woman's hand. These areas itched considerably at times, and she insisted that it was a skin disease which she had had for more than a year and did not worry about, and which had nothing to do with her illness.

Her subjective complaint consisted of "hatrish feelings," "jerking spells," and nausea, caused by red fruits and vegetables. This nausea became so intense that she vomited when she ate red fruits or vegetables (conditioned affective reaction).

To sum up her symptoms, she had (1) uncontrollable periods of intense hatred and jealousy, for, principally, her husband, mother-in-law and her grandmother; (2) periods of jerking of practically all her voluntary muscles; and (3) an independent jerking of her abdominal muscles; (4) anesthesia for her right face, chest, arm, side of body and leg, and back below the waist, with later hyperesthesia of the right upper face; (6) constriction of the field for color vision in the right eye, particularly red; (7) nausea and vomiting caused by red fruits and vegetables; (8) erythematous blotches on the extensor surface of each forearm, and (9) periods of intense itching over these surfaces.

Her parents died when she was two years old. She was adopted by a neighbor whom she was very fond of and always

regarded as her mother. This woman taught her the Catholic faith, gave her a comfortable home, and provided for the usual childhood education. She was probably an excessively petted child. She was taught by her foster-mother to fear and avoid a certain "mean" old lady. Unfortunately, this old lady, who was her grandmother, caught her on the street when she was about ten years old and kidnapped her despite her cries and protests. From that day on, she lived very unhappily with this grandmother.

The patient always believed that the shock of the kidnapping, her great fear and hatred of her grandmother, reenforced by the long years of unhappiness, caused her to become abnormal. As a child of her foster-mother she had been petted, spoiled and given every comfort and attention. After she was kidnapped, she was always miserable; scolded, whipped, lonely and unhappy. She had to sleep alone upstairs, and frequently, terrified, she sneaked to the head of the stairs where she cried herself to sleep. She was often punished for this, but the punishment did not stop the fear. *After her grandfather died, her night terrors left her.*

Other than the constant exposure to the unintelligent domination by a much older, unsympathetic personality, her life was uneventful until the period of her engagement and marriage.

The grandmother was an earnest Catholic, but the patient, as she said, felt very little interest in that faith. The persistent old lady had no patience for such girlish irresponsibility and planned out the young woman's course in life without considering her wishes. She selected a young Catholic man to be her granddaughter's husband and, at what seemed to be the propitious time, announced her engagement to him through the medium of the newspapers. But this selection, like most of her grandmother's ideas, was quite different from what the young woman desired. This young man, she said was a flirt, and was known in the neighborhood as an immoral man. For some reason that she did not quite understand, she liked him, and often fancied herself the object of his flirtations, but she was never able to love him.

She was in love, she thought, with a young Protestant and, despite her religion and her grandmother's horror, determined to marry him. The grandmother was not sure of their intention, but suspected it, and determined to forestall their purpose by announcing her engagement to the Catholic and this precipitated a

crisis. The next day the patient denied the engagement and a furious debate between the two women resulted. The grandmother would not permit her fiancé to see her, but kept her in the house and sent for the parish priest. She said the two people tried to convince her that she would make a mistake if she should marry the Protestant. In the afternoon, the patient was locked in her bedroom by the grandmother and informed that she would be kept there until she promised to marry the Catholic. (The remaining details of the scene which developed while she was in the room were forgotten by the patient and will be described later as part of the psychoanalysis.)

Later in the afternoon, the patient managed to escape from the house and stayed with her future sister-in-law. A few days later she married the Protestant. (It may be best to note here that this sister-in-law had been subject to violent "jerking spells" since the birth of her first child. The muscles involved were principally the abdominal, according to our patient's statement.)

Soon after this a neurosis became apparent and developed rapidly. A sequence of unhappy experiences in an environment that was peculiarly suited to expose her to a series of most unpleasant conflicts, soon proved too much for the patient.

Her husband's parents lived alone on a farm which they had occupied for years and the young couple were to take complete charge of all its details and live with the old people. This proved unfortunate, because the mother-in-law could not give up her dictatorship of a household that she had dominated for years. The young wife was in perpetual conflict with her. She was, in reality, exposed again to her perplexing grandmother problem in the person of the mother-in-law. The long needed freedom from restraints and criticism was not to be her good fortune.

She soon became convinced that she was not regarded with much favor by the older woman, and believed that her husband favored his mother in their conflicts, which he actually did.

The psychoanalysis, that is, the recall in detail of the sensory images (memories) of the experiences that determined her pathological condition required about eight weeks of almost daily conferences averaging more than an hour to an interview. The recall was like unraveling a tangled skein of yarn. Part of the details of one experience, then part of another were recalled until most of the unpleasant experiences and their influences were readjusted.

The "jerking spells" and "hatrish feelings" bothered her most, and naturally, her discussion of her troubles, at first, centered about their description and onset. She attributed much of her trouble to the fact that several months after her marriage she was badly frightened by a report from the neighbors that an insane man was coming through the woods towards their house. The next day their barn caught fire. Although she was menstruating, she "ran about a mile" to call some neighbors and while on her way, *it occurred to her that her mother-in-law might enter the barn to liberate the horses and be burned up.* She at once ran back to the house and found that an excited crowd of neighbors had gathered and the barn was in ruins. She recalled how she cried when she saw the remains of a pet colt and also how she and her sister-in-law prepared dinner for the neighbors. When they entered the kitchen, her "head flew back" and her "jaw set." For several weeks, she seemed to be unable to recall any other details of this scene. Later, when the house caught fire, and when the wheat field burned, she again had unusually severe convulsions.

Details of more trivial conflicts about the conduct of the farm, etc., seemed to force themselves into the foreground and necessarily had to be readjusted. Her jealousy of the mother-in-law became very evident, and her incapacity to meet this condition troubled her greatly. Gradually, she developed a determination to meet her family problems on another basis than hatred. This, of course, she was unable to carry out, but her attitude had the effect of enabling her to study her troubles more intimately, and she no longer evaded her own responsibilities in the psychoanalysis.

Then, quite unexpectedly, memory details or images of a forgotten traumatic experience came to the surface and proved to contain the conditioning stimuli of her very distressing gastric sensorimotor reactions to feel nauseated when red fruits or vegetables were placed on the table for the meal. When she ate the red fruits or vegetables they were quickly emitted again. The traumatic incident amounted to the following:

In June, a few months after her marriage, she found her mother-in-law on the porch before breakfast, seeding cherries for canning. The patient, who was trying to take charge of the household, made preparations to help seed the fruit. The mother-in-law refused her assistance. The young woman persisted, venturing

the information that she was not unwell because her mother-in-law believed that when fruit was canned by a menstruating woman it would spoil. Although her menstrual period was due, she did not realize, until later, that the cause of its delay was pregnancy.

For several minutes she was unable to recall anything further. Finally, she added, "Then I went in to breakfast with my husband and tried to take my anger out on him, but I got no satisfaction." Here, another break in the recall occurred. "Then," she resumed, "I ate a little breakfast and my mother-in-law brought in some cherries. I gave my husband mine, with the remark that I guessed they were all right since he picked them. I left the table and vomited up the food. I did this for everything I ate after that, until my baby was born. The reason I was so angry was because we had contracted to run the farm for half, and I thought I should have something to say." (She discussed this scene with a free adjustment of anger for the mistreatment.)

(Cannon has shown that anger or fear arousing stimuli cause a marked disturbance of the gastric sensorimotor and secretory functions; and the sensation or feelings produced by the reaction constitute, in large part, the emotion of anger, a mechanism analogous to the peripheral origin of hunger. The anger and fear reactions of the stomach, both seem to be unsuitable for the reception of food.) When the patient was still further aggravated by the triumphant mother-in-law (primary stimulus) offering the cherries (conditioning stimulus,) and her husband supported his mother, the patient was left no outlet through which to express her anger and make a comfortable readjustment. She had to control herself, that is, suppress the affect. *Anger tends to remove the stimulus from the receptor and not to accept it, much less to swallow it as food.* She succeeded in rejecting the cherries, which had become part of the mother-in-law's interests, but the rage status of the stomach was unfit to retain the breakfast, and caused feelings of nausea. The stomach emitted the food, and it seems that so long as she was unable to make a normal affective adjustment to either the conditioning or the primary stimuli, they both tended to arouse reactions of hatred and gastric aversion. When she did make an affective readjustment to the experience, it seems that, concomitantly, the gastric reflexes were no longer conditioned to react with aversion to the red food. The readjustment seems to have been in the lowering of the postural hypertension of the stomach

and its tendency to emissive, reversed peristalsis when certain foods were being forced upon it.

The continuation of the vomiting was probably later reenforced by the aversions to food which occur frequently as a psychogenetic phenomenon in pregnancy (perhaps nourishing an unwelcome fetus), because throughout her pregnancy the patient said she vomited nearly all the food she ate, and merely the sight of red fruit on the table caused vomiting; whereas, after her labor, the red fruits only caused nausea, unless they were eaten. She became so emaciated that later she was unable to nurse her infant.

The tendency to react with aversion to all red fruits and vegetables, besides cherries, was probably reenforced by a traumatic experience of several months previous, because, when she had made an emotional adjustment to the cherry incident and allowed the hatred freely to attack the unjust husband and mother-in-law, she, much to my surprise, included the pathologist. She could not explain why she included him, until it occurred to her that she felt her first hatred for him when he removed the blood-stained (red) cloth from her ear after making a puncture to take a blood specimen. To this she added: "I thought he did just as he pleased," which seemed to be an insignificant phrase, but later proved to be an important lead.

Her agitation and hatred continued for the next twenty-four hours and was, later in the day, accompanied by a general convulsive jerking of her muscles which continued throughout the night.

The episode of the cherries occurred after the barn fire, and the vividness of its affective impressions had probably covered up the details of the more important barn fire episode. Now the fire episode bothered her again, and she made considerable progress in the recall of its details, but could not quite get all of it—the most pertinent fact in the scene.

She visualized the fire scene in greater detail. She recounted how the excited crowd and the women, particularly the mother-in-law, noticed her excitement and trembling, and told her to keep quiet or she would have "spells" like her sister-in-law (suggestion). She could not recall what happened next, but she was able to recall from the time her head "flew back," etc., when the men entered the kitchen. One of the men was Mr. II—. He was pres-

ident of a home insurance company that had insured the barn. Although she seemed to be unable, with persistent effort, to recall what transpired between the suggestions of the women and the entrance of Mr. H—, she was able to develop the scene from the time of his entrance until her convulsions. She could see herself trying to pour the coffee, but her hands trembled so violently that her sister-in-law took the pot, and "I broke down." She fell back into a chair. The men seized her arms, to keep them from jerking, and then her face began to jerk and her jaws set. Then, her entire body became involved in a convulsion from which she did not recover until the next day. She had been apprehensive lest she should be like this sister-in-law (as suggested) and now she had her malady.

Her husband paid her a visit at this stage of the analysis, and both were delighted with the improvement. She said her "mind felt free and open," and she now understood why she had attacks in the presence of a *crowd* or a *fire* (conditioning of the convulsions). But, it soon became evident that she was not so well as she thought. The fire scene was again studied and she recalled, more elaborately, the details of the excited crowd running about with water, and that Mr. H— wanted to know who was the last person in the barn, and that she thought the people believed that the son of the insane man, who had been in the woods the night before, had set fire to the barn, because the children reported having seen him running away from the fire. The patient heard Mr. H— telephone for the sheriff, supposedly to arrest the suspected man. The recall of these impressions worried her, and she expressed herself to the effect that "yesterday I felt so good and now I feel as if something wants to come out and can't."

She seemed unable to recall anything further and was very much agitated. With suggestions that she would see more details of the fire, gradually other fragments of the scene were recalled. She now saw the excited Mr. H— with two cups of water trying to throw them on the fire, and when he entered the kitchen doorway she started to tease him about it, but something changed her mind. After several minutes another fragment was added. She saw her husband's brother, J., walking behind Mr. H—. They were having an earnest conversation, and then she remembered that she was afraid J. was talking about her husband. That morning, she heard J. say that he had always expected a fire be-

cause her husband would not stop carrying matches when in the barn. "Mr. H— had a mean look in his eye, and I thought J. had told him about my husband. This is what changed my mind, and I stopped him to see what he was going to do."

No further recall was effected although we tried hard for fifteen minutes. Then came this "strange thought." Mrs. T—, an old lady, set fire to her barn when she smoked in it, and Mr. H— refused to pay her the insurance."

With this fragment, it seemed obvious that the patient held a secret which Mr. H— should know, and was afraid that the insurance would be lost if he knew it. I insisted that she knew something that no one else knew, but she seemed to be unable to recall anything, and was obviously feeling very uncomfortable. She seemed to be lost in study; then, suddenly, an expression of decided pleasure swept over her features. "I knew that my husband watered the colt after everybody left the barn that morning, and I thought he might have fed it some hay and dropped some matches. This, I was afraid Mr. H— would find out." She seemed to feel relieved and said that a weight had passed from her.

The tendency to have "jerking spells," seemed entirely to disappear now and she regarded herself as cured. Several days later, however, she complained of back pains, and, when the examination was made, much to my surprise, she developed strong rhythmical jerks of the recti muscles of the abdomen which easily could be seen through her clothing. Two days later, a jealous patient made offensive statements about her and her physician, and, following this conflict, the recti muscles resumed a rhythmical jerking which lasted about thirty-six hours. Several hours of interviews did not yield the slightest information relative to its repressed cause. Her difficulties with the patient had to be dealt with before further progress was possible. The incident emphasized the importance of keeping patients who are to be psychoanalyzed in a congenial environment and free from inquisitive or critical people.

The remainder of the psychoanalysis will be given as compactly as possible because of the limited space, and the traumatic experiences will be related in brief instead of in the fragmentary manner of the recall. She was finally able to place the first attack of abdominal jerking as having occurred about two weeks after

her marriage, and, later, she recalled that it was two *days* after her marriage instead of two weeks.

The difficulty developed as follows: The night following her marriage was spent in revelry. The next night, the boys carried her husband away, and the following afternoon, her husband and his mother paid a visit to her grandmother, despite the patient's objections. She refused to accompany them and this disregard for her feelings associated the grandmother and mother-in-law and husband against her. This disappointed her greatly, and she was left alone in a very miserable state of mind. Her state of feeling was probably that of intense indignation and hatred for the grandmother. She said she was lonely and cried. She had no friend and no one to depend upon. She knew nothing about the sexual life of woman, and was afraid of becoming pregnant without someone to take care of her. Her sister-in-law's attacks of "jerking" followed the birth of her first child and the patient believed it was the result of poor treatment. This reenforced her fears of pregnancy. In the recall she visualized herself lying on the bed in a very morose frame of mind. She had started to menstruate that day and that night she expected to sleep with her husband. She was disgusted with her condition, and felt deeply disappointed in her husband's and his mother's attitude toward her grandmother. She had expected them to take up her quarrel. She even regretted her marriage, and thought that perhaps she had made a mistake. She recalled her resolution to depend upon her sister-in-law and that when she arose from the bed she felt better but her abdomen jerked. (It always seemed to me that a critical incident was overlooked here, unless the following sexual transgression occurred in the afternoon and that night, also.) That night, she said, her husband "did just as he pleased" despite her unhappy mental state and resistance. The recall of this imposition seemed to complete the details of the repressed traumatic experience. Her anger at the pathologist who "did just as he pleased," when he removed the blood-stained cloth, seemed also to be explained. Later on, she met the pathologist again and said that she no longer hated him, although this conditioned reaction had persisted for weeks. The final explanation which she was able to give for the abdominal jerks did not seem definitely satisfactory as a traumatic episode, although feelings of *shame* and

*hatred* were given free play. It must be included that because of her disappointment in her husband's loyalty to her, she was in no mood to make love to him. Whatever details were missing seemed to be unimportant, because the convulsions *entirely disappeared*, including the tendency to squint her eyelids closely together and avoid looking at anyone frankly. Her husband had noticed this shifting glance on a previous visit and had asked her about it.

It is perhaps necessary to repeat that she recognized heat, cold, touch and pain stimuli over the left half of her face, left breast and arm, upper back and posterior arm surfaces, and a narrow strip along her left side and left leg. The right side of the face and body was almost completely anesthetic, except that, sometimes, upon strong reenforcing suggestions that she could feel the stimulus, she reacted. The face and breast lines of demarcation were definite, but the other borders varied several inches at different times. It is rather striking that she never complained of areas of anesthesia, and maintained that she had never known of their existence until I discovered them in the routine physical examination.

The time and manner of the onset of the anesthesia was quite a dilemma. The anesthesia seemed to be a discovery for her, and she did not seem to have the slightest idea how it might have occurred.

In a sense, the associations of thought that led up to the recall of the painful experience were influenced by me in that I insisted that through the areas of skin which she avoided the recognition of, she had met with an unpleasant experience. But, the actual details of the recall, I am sure, were not changed by suggestions, because, when in our groping for the experience, I told her that I believed it must have occurred as a result of her husband's impositions, she maintained that she did not believe it had any relation to that experience, and gave it little consideration.

After a great deal of searching, I rather vigorously insisted \* that she would recall some things that would lead us back to the time of the experience. After considerable wandering of the visual images, which she recalled, the scene of the engagement conflict with the grandmother came into the foreground. She exhausted the details of the unpleasant announcement of her en-

gement, and the scene shifted to her imprisonment in her bedroom. Here, a gap in her ability to remember occurred, and she was not able to recall, for some time, the slightest detail of herself in the room. Then she added the fragment that she dressed preparatory to eloping from the house. After some time, she added further that she changed from winter to spring underwear. Here, the resistance became so strong that she was unable to make further progress.

I had devoted so much time to the analysis of the repressed causes of the anesthesia that I again felt constrained to make a suggestion, in order to hasten the recall of the details of the experience. Obviously, the traumatic experience occurred when she was nude, and, since the door was locked and she was alone in the room, and the odd distribution of the anesthesia roughly included about all of that surface of the body which one would see while standing in a three-quarters pose before a mirror, I suggested that something happened while she was posing before the mirror. Had this anesthesia been merely a wish-fulfillment of the malingering type to gain an object, as is still ordinarily believed to be the case in hysteria by many physicians, this patient could have escaped further analysis and all personal responsibility simply by accepting my suggestion. But it was not correct. It was not in her power to change her functions by merely wishing. She replied that although she did not know what was the true explanation of the anesthesia, the suggestion I made did not seem to be right.

The psychoanalysis now was interrupted for a week by other obligations. When she entered the room to resume the analysis, she announced rather triumphantly that her sensation had returned without the analysis. Much surprised, I asked why she thought this. She said she could no longer wash the dishes. (Because she did not mind hot water, having been able to endure hotter water than the other patients, she had been delegated to wash the dishes, but now the water burned her hands.) I tested her with a pin and found her to be very sensitive where previously she had been anesthetic. The hypersensitiveness seemed to be as pathological as the anesthesia had been, and it soon proved that she had recalled most of the traumatic experience which was incident to the anesthesia, but had not adjusted to it. She had been ashamed of the experience and had repressed the affect.

In brief, while locked in the bedroom, she had had a good cry

and time to think things over. She must either marry the grandmother's choice (Mr. A—) or escape. She was facing the crisis of her life under most confusing circumstances. She was not absolutely sure she loved the Protestant (Mr. G—) but she had more confidence in him than in A—. She was inclined to elope and marry G—, and, while in this vacillating frame of mind, she changed clothing. She recalled that while she was undressed, the postman whistled his announcement of having mail for the house. She was expecting a letter from A— in which he would declare his feelings about the marriage. She liked him because he was bold with women and knew more about the world than G— who was quiet and more retiring. Then she recalled that she parted the curtains slightly and looked out of the window to see whether or not the postman was coming into their yard. She watched him go around the house and remained at the window for some time lost in sexual fancies about A—, and whether or not to elope with G—. She did not hear the grandmother come upstairs, and suddenly was aroused from her sensuous day dream by the grandmother pushing a letter under the door. She was startled and deeply embarrassed because of her guilt, her nakedness, sensuous (autoerotic) fancies, and secret planning to elope. She thought her grandmother was opening the door, but the old woman went away without doing so or saying anything. (The recall of the surprise came only after great resistance and mortification.)

The patient explained that she was nude when she was surprised, except for the curtain that she was peeping through. It covered one side of her face, shoulder, breast and arm, and a strip along the side of her body to the ankles. Anesthesia for the rest of the body seems to have resulted from a pathological effort not to be conscious of the nudeness. When I asked why her back was not affected, she replied that, perhaps it was because she was not ashamed of her back. (Naked backs are permitted on the stage and in society.)

Her reactions to heat, cold, touch and pain stimuli now became normal, except for a small area of anesthesia involving the upper right face about the eye, cheek and upper lip. As an explanation for this, she comparatively easily recalled a scene in which A— caught and kissed her despite her resistance. The anesthetic area was where he kissed her. The repressed affect was shame and indignation.

Up to this time, the patient consistently maintained that the two similar blotches of erythema on the extensor surfaces of each forearm resulted from an incurable skin disease that she had had for a year or more. Although she had excellent insight into her neurosis, she would not consider the blotches on her arms as anything but a skin disease. She had gained in weight, and was now in excellent physical condition. Hours of exposure to the sun in the park had tanned her forearms a very noticeable brown, but the areas of capillary dilatation did not tan, remaining decidedly paler.

She was now compelled to scratch her forearms; at times she almost scarified her skin. The itching now occupied most of her attention and she complained that she could not go into the park because the grass caused her arms to itch. This feature influenced her to study the difficulty. I thought the itching and capillary dilatation were determined by one experience, since it seemed part of the same skin area, although she scratched more of the arm than the surface of the blotches.

Her associations, suggested by the symptoms, brought up a visual picture of herself working in the garden with her mother-in-law. It was very hot and, because of her poorly nourished condition and pregnancy, the mother-in-law ordered her to go into the house. They had been pulling a weed that had caused her skin to itch. She felt that the mother-in-law was trying to command her, and she refused and retired to the shade of an apple tree. She visualized herself standing there, rubbing her itching arms and feeling very angry. The mother-in-law persisted, and she finally submitted and retired to the house. She hated the mother-in-law for bossing her, but repressed her feelings. She now made a comfortable, affective readjustment to this experience by a frank discussion of her mother-in-law, and the itching disappeared, but the blotches of skin did not tan.

The queer distribution of the blotches of erythema suggested the grip of someone's hands to me, which I discussed when I showed them to another physician, and the patient probably remembered this, although, at the time, she did not agree with me.

The associations of thought may possibly have been influenced by that conference, but I believe it is impossible for a patient to relieve a repression symptom by telling a lie or substituting an irrelevant experience. She visualized herself in a room with her mother-in-law, announcing that she was going to harness the horse

and drive to town. The domineering mother-in-law opposed this, and a conflict resulted. The patient started to leave the house, and her mother-in-law grabbed her by the forearms. The patient jerked loose, and the tightly compressed fingers slipped off, leaving the dilated capillary blotches where the fingers had compressed the skin. The recall of this experience was accompanied with its repressed affect of hatred, and she expressed herself freely about the forgotten experience. In each of the instances of repressing her hatred, she gave as her reason her utter dependence upon the mother-in-law and her *fear* of offending her.

Unfortunately, the patient was discharged about a week later, and I was unable to observe that the pale blotches tanned as much as the remainder of the arm, although they were quite brown in comparison to their former condition and had practically disappeared. The erythema and itching had *completely* disappeared. -

It was necessary for the patient to get some insight into her serious tendency to repress her strong affective reactions of hatred and grave persistent feelings of inferiority. She was decidedly immature in her self-reliance. She believed her grandmother had ruined her life by the kidnapping and mistreatment, and insisted that she had never had a childhood sexual trauma. (At the time of this psychoanalysis, the psychogenetic importance of the autoerotic and homosexual strivings was not realized and so they were overlooked. I would now regard her as a seriously suppressed, jealous, autoerotic girl.)

She recalled that she did not like a certain girl and her brother, after she had grown up, although they were her playmates when children. She finally associated with this dislike a scene of her childhood, when an attempt was made by this boy to perform sexual intercourse with her and his sister. He was considerably older and he, with his sister, who was about her age, enticed her to submit to the play. While they were in the act, her foster-mother surprised them and whipped her. More serious than the whipping, she caused the child to feel that she had lost all respect for her.

This sexual trauma can not be considered the foundation of her neurosis, but it probably played a part as a determinant of her tendency to react in a repressive manner to her conflicts, and tremendously accelerated the tendency to be *timid* and react with *shame* for even trivial mistakes. The long years of domination

by an unsympathetic grandmother, following ten years of petting by her foster-mother, her tendency to nurse her hatred and even enjoy it, associated with her serious ignorance of the sexual life of woman, were probably more influential. She married to escape a domineering grandmother who never permitted her to assert herself and, most unfortunately, became associated with a still more domineering mother-in-law and an immature husband who could not give up his mother. The psychoanalysis of the case can not be considered finished nor the patient cured of her psychopathic tendencies.

Three years after the psychoanalysis, she wrote in reply to an inquiry, that none of the symptoms which were analyzed, returned, but she had had a psychotic episode since her discharge, the details of which were not learned. She had to return to the household of her mother-in-law and from what has since been learned from such cases (Cases HD-1, CD-2, HD-3) the situation is not encouraging.

Probably this patient's tendency to make one affective repression after another and, in nearly every instance, that of hatred, was largely the result of her affective isolation in her grandmother's house. Her "hatrish feelings" often caused her to entertain revengeful fancies, which, undoubtedly, she really enjoyed and then regretted. (These fancies were her only avenue of escape from the unusually inflexible, painful environment.)

That her personality never developed beyond the autoerotic level was probably due to the consistent repressive influence of the dominating grandmother, who assiduously imposed a censorship upon most of her spontaneous, girlish, social interests, and forced the child, with threats of punishment, to suppress her emotions.

She really married to escape from her grandmother, and, unfortunately, moved into the house of her mother-in-law. Because of her long training to repress her affections, to be economically dependent, to have a grossly apprehensive misunderstanding of the sexual life of woman, her inferiorities became the instruments that bound her to the older woman. She dared not retaliate and offend her mother-in-law, for fear of being neglected in her pregnancy and labor.

In this case, in each instance of affective repression that left objective, functional derangements, the affect was the natural re-

sponse to an irritating situation; that is, a healthy response to the situation, but was repressed *because of some form of fear of the consequences* if she should permit her feelings free play. In each instance, the initial affective reaction, whether shame or hatred, may be looked upon as a normal reflex response to certain features in a definite situation, and *these features may be regarded as the primary stimulus of the affective reaction*. Associated simultaneously with the primary stimulus, were stimuli (secondary features) that had previously been indifferent, in so far as affective reactions were concerned. To illustrate this, let us take the itching or erythema symptoms.

The dominating mother-in-law, with her affective attitude and words, was the *primary stimulus* of the natural reaction of hatred in the patient. The itching of the skin from an irritating weed which was occurring at the time, or the capillary dilatation of the skin from compression and friction of the fingers, was a normal reaction to stimuli which were heretofore indifferent to causing reactions of hatred. *Through the accidental association, as simultaneous stimuli, of the primary affective stimuli and the indifferent secondary stimuli, (the latter were causing the next most vigorous, disagreeable sensations at the time), the affective reactions of hate became conditioned to react to these secondary (skin irritating) stimuli*. Therefore, whenever the autonomic apparatus was stimulated by things that had similar qualities to the secondary (grass) stimuli, they aroused the repressed hypertonic autonomic-affective reactions (hate) to greater activity. This continued so long as the affective tensions were repressed and unadjusted. In turn, the repressed hate affect increased and reenforced the normal skin reactions to the associated stimuli, making the reactions persist for undue periods of time. The memories of the experience were repressed (forgotten), and the individual reacted with hatred and itching when in the grass, without knowing that it was caused by the grass. Later, when she recognized that the grass aroused the itching, it did not enable her to stop the reactions. In each instance, after the repressed affect was allowed to have free play and an *adequate affective readjustment* to the situation was made, the pathological influence of the secondary or indifferent stimuli, as well as the objective symptoms, disappeared.

Bechterew first pointed out, and has been supported by the studies of Watson and Lashley, that, when the primary stimulus

of a motor or secretion reflex is associated simultaneously for a number of times with an indifferent stimulus, then the reflex will become conditioned to react to the indifferent stimulus. This seems to be the mechanism of the conditioned repressed affect except that when the affective reinforcement is vigorous enough, one simultaneous association may be sufficient.

Bechterew further pointed out that, when reflexes become thoroughly conditioned to certain stimuli, this conditioning, similar to the reactions to primary stimuli, may be the basis for associating other secondary stimuli so that the reflex will be conditioned by them also; thus its reactive capacity spreads.

The affective reactions of *hatred* and their tendency to injure the cause of the hatred were repressed by the *fear* of doing something which would be regretted. The conflicts were always intense and acute, necessitating vigorous efforts to repress from consciousness the memories that aroused the hatred or shame. *The successful repression depended upon the patient's ability to force immediately the conflicting cravings to converge upon a compromise (coordinate all her attention upon a substitute), and this substitute was, very naturally, that content of consciousness which was next in vividness at the moment of the affective conflict.*

This case seems to offer an explanation of the phenomenon of so-called *visual constriction*; namely, because of the affective resistance only the more sensitive receptors which lie nearest the macula transmit sensory reactions of sufficient intensity to overcome the affective (autonomic postural) resistance and cause consciousness of their activity.

The stimuli that arise from objects in the peripheral field, assuming the intensity of the light waves to be equal, since they must play upon the less sensitive receptors, cause subliminal reactions and do not overcome the affective resistance. Therefore, only the colors directly before the eye are seen. The affective resistance may become so vigorous that complete anesthesia or blindness may result, and ordinary color stimuli may not be able to break through the resistance. *Postures increase or decrease the reactivity to stimuli; the reactivity being determined, it seems, by whether or not the exogenous stimuli are allied or are antagonistic to the proprioceptive activities aroused through the posture.*

In the case of Miss Lucy R—, Freud says: “*The hysterical form of defense, for which a special adaptation is required, con-*

*sists in converting the excitement into physical innervation.* The gain brought about by this process is the crowding out of the unbearable presentation from the *ego* consciousness, which, then contains, instead, the physical reminiscences produced by the conversion, in our case, the subjective sense of smell, and suffers from the effect which is more or less distinctly adherent to these reminiscences."

It is necessary to briefly restate the manner in which Miss Lucy R— developed the persistent olfactory image of cigar smoke which annoyed her almost incessantly.

She loved her master's children, and having encouraged herself to expect the love of her widowed master, she was shocked, when, one day, he unjustly threatened to discharge her if strangers were again permitted to kiss his children. A few months later, when she was coincidentally suffering from an ulceration of the ethmoid, after dinner an elderly guest attempted to kiss the children. The impetuous master shouted, "Don't kiss the children!" and she "experienced a stitch in the heart, and, as the gentlemen were smoking, the odor remained in my memory."

The violent words of the master were sufficient as a primary stimulus of reactions of *fear*, because of the previously threatened discharge, to force a repression of her affections for the children and master, since it was not possible in the situation for a governess to permit the naturally anxious expression of her injured affections for the children and her master. Because of her affective attachment, her position had a vital value for her. She held the attachment by a slender thread in the hands of an impetuous master who had already threatened to break it if a certain almost unavoidable trivial incident should occur again. In his discussion, Freud does not seem to think that the fear of the discharge was a justifiable cause for the affective repression, but that a degree of moral courage was lacking in his patient. I can not at all agree with Freud's feelings. It seems to me that the patient's affective attachment (maternal) to the children made her, unfortunately, but normally, a weakling in the face of a discharge and their loss.

Now, to return to the "*conversion*" mechanism. It seems to me that the conception of conversion is not satisfactory as an explanation of the biological process, and the "*special*" defensive

adaptation of "converting the excitement into physical innervation" is a biological riddle. Just how Freud understands that excitement may be converted into a physical innervation is not comprehensible to me. Furthermore, it seems that this conversion conception is the keystone of Freud's important, but not satisfactory *libido* concept. It seems that the persistent olfactory image of tobacco smoke, complained of by Miss Lucy R—, was an example of the repressed affections becoming conditioned to react to an ordinary painful stimulus—the irritating cigar smoke, and this sensory image was made to persist by the repressed affections trying to force a recognition of their needs. They had been offended by the impulsive master and wanted him to become solicitous, and thereby renew the transference.

In the instant of that conflict, the love for the children and the master was repressed because of *fear* of appearing indecent, and the repressions continued until Freud released them by analyzing away the cause of the *fear*. In order to make the repression, and avoid showing anxiety about losing the objects of the affection, jeopardizing them still further, the autonomic-affective apparatus reflexly coordinated all its available forces upon the control of the final common path of adaptation. This was associated with the next most vivid, similarly painful, sensory reaction of that moment—namely, the cigar fumes which were coincidentally irritating the diseased nasal membranes and causing discomfort.

The reflex adaptations to the nasal irritation, because of their simultaneous activity, became associated with the normal affective reactions to the primary stimulus of anxiety—namely, impulsive master. When Freud analyzed away the fear and permitted the repressed affections to make an adequate readjustment to the attitude of the master, then the olfactory sensory images lost their vividness and took their normal place in the sensory experiences of the personality, because the repressed affect no longer existed to force them into consciousness.

*The persistence of the abnormal conditioning of the reflex is due to the reenforcement by repressed affections, and the reenforcement disappears so soon as an adequate affective readjustment is made.*

*Fear of allowing the primary affections, whether of shame, fear, hatred, grief or love, to make adequate adjustments, tends to make a psychopath of any individual; that is to say, when the affec-*

*tions of a personality are repressed, their functions are abnormal, because they are prevented from acquiring a natural adjustment.* In their struggle to acquire gratification they persist in causing awareness of thoughts or images of past experiences which happen to be associated with what they need. Using this fact the psychotherapist is able to bring about the recall of the repressed affect.

The effort to eliminate from the personality an affective craving that causes embarrassment or sorrow is usually performed by "forgetting it"; that is, keeping it repressed so that it can not cause one to become conscious of it. This does not actually eliminate it from the personality, as man, until very recently, so naïvely believed it did. It merely forces the repressed affect to work its way into consciousness through a compromising disguise. Often this substitute is anything but pleasant to the *ego*, but the repressed affect being too vigorous to be further repressed or denied, the individual may become desperate and attempt to have the difficulty excised by the surgeon or do it himself. The individual becomes inclined to do this, particularly if the repressed affect causes a functional distortion of some sort and a plausible excuse can be found for the operation. For example, a girl, who can not control her masturbation cravings and has dysmenorrhea, frequently consents to a series of uterine rectifications such as curettages and replacements, and, logically, winds up with a hysterectomy if the surgeon is suggestible and without insight.

All such repressions of functions are, more or less, forms of abortion or castration by which the personality tries to make itself estimable, and the castration, in turn, may be regarded as a form of crucifixion, or sacrifice of a part of the personality for the best interests of society.

The *castration* or *elimination* of the disagreeable tendency may be so neatly disguised that the martyr feels himself to be divinely sanctified thereby and enjoys the fruits thereof indefinitely. The following case\* illustrates the manifold values of such an act to the patient:

Case PN-3.—Patient, aged twenty-seven, was admitted to the Johns Hopkins Hospital to be treated for a "sore knee." For the past fourteen months, he had been walking with crutches which he made for himself. At the age of twenty-three, he had the first

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\*This case was reported in The Psychoanalytic Review, 1915, Vol. II, No. 2.

period of soreness of the knee, lasting three months, and a second period lasting three weeks. At twenty-six, the present difficulty began. On inspection, both knees appeared to be the same except for a general atrophy of the soft parts of the left knee as well as a very marked atrophy of the muscles above and below the knee. The patient walked with crutches and made no attempt to bear weight on the left leg. This seemed to be merely on account of *fear* of using the knee, and not because it was painful. As the patient flexed or extended the leg, nothing abnormal was felt in the joints. There was no tenderness on palpation, and sensation was normal. X-ray examination was negative. The physical status, otherwise, was also negative, except for some constriction of the visual fields. He had the usual diseases of childhood, with no after effects and attended school successfully until seventeen, then worked in his father's workshop for two years. He had always been very religious. At twenty, he entered college. At twenty-one, he developed a facial paralysis of an apparently functional type.

At that time the patient was a student at college and while on police duty at one of the football games he became involved in a clash of words with a trespasser and seemed to have suffered some humiliation. A review of the emotional conflict is given almost as the patient discussed it.

The quarrel, he says, made him compare himself with his antagonist. He felt spiritually superior to the man, but thought that his masturbation had weakened him physically, and that the man showed his inferiority openly while he kept his own, personal weakness concealed. He had been struggling to overcome the autoerotic tendency by making a confession, but had been afraid to confide in others because he might lose their respect. The conflict emphasized the debilitating influence of his secret self-love and aroused a strong compulsion to expose his sins. During the game, and during this state of emotional conflict, one of the players was knocked unconscious. The patient was impressed by the open, upturned eyes and expressionless face, which, to him, meant honorable defeat.

That evening, he could not close his eyes. He recalled rubbing his face, but could not tell whether it was paralyzed or not. The next morning, he noticed that he could not laugh with the students in the classroom, and thinking that his face was swollen he

consulted a physician. He was advised to remain in school and subjected to a course of electrical treatment. The right side of the face began improving in a week or so, but the left side required about eight weeks for recovery. The patient interpreted his conflict, as follows:

In the patient's terminology, his "second mind" wished to lay open his weakness as an explanation for his defeat, but his "outer mind" would not permit this because of fear of ridicule, so his two minds compromised on the way of showing the defeat as exemplified by the expression of the unconscious football player. The neurosis was a timid method of exposing and controlling the autoerotic cravings and the adjustment was influenced by *shame* because of his masturbation and defeat which was compelling a radical adjustment, and *fear* of losing social esteem if he betrayed himself.

In January, his father injured his knee and had to be confined in a hospital for seven weeks. In August (at twenty-three) the patient's first knee episode occurred. He had been working in a kneeling position, laying flooring. For a day or two, he had been *afraid that he might get a sore knee like his father's*. Then his knee developed peculiar feelings and "wanted to stay in a bent position," and, finally, could not be used. For ten weeks, his physician treated the knee with iodine. He gradually became able to walk, then used a cane. The knee became quite normal until the following June when he bent it, accidentally, "farther than it had ever been bent since the previous illness." This second period of soreness lasted three weeks.

He then improved and had no further difficulty until at twenty-six, when he dropped a piece of iron on his knee. He felt some pain which, however, disappeared after a brief period. A few days later the knee again felt sore and, after that, for the next fourteen months, he had either been in bed or used crutches.

The patient characteristically maintained a most striking mental attitude of serene, sanctified composure while enduring the supposed suffering. He gave one the impression of being deeply pleased with his solution, saying that he felt *God wanted him to suffer for his sins* (crucifixion for mother attachment).

He had been in the surgical service of the hospital for three weeks and had, no doubt, been impressed by the thorough physical examinations and negative diagnosis. Repeated and enforced sug-

gestions that he could walk were responded to with but little effort and much complaint of the great difficulty. After a second complete mental and physical examination had been made, the case was discussed with the patient. Great emphasis was placed on his negative physical state. I insisted that the cause was emotional, and advised him to talk frankly and restrain no feelings about the matter. He replied, with little hesitation, that he was worried about masturbation, which had continued since he was eleven or twelve years of age. With more resistance and circumlocution, he told that the objects of his erotic fancies were his neighbors, his sisters and, finally, after some hesitation, *his mother*. He said his affections were "filthy" because they were so associated with his mother. He had been impressed by his mother's care of his father during his illness, and now, during his own illness, she had been unusually solicitous for him. Because of his incestuousness he must suffer for his sins, either in this world or in the next. When asked if he cared to explain why the left knee had been affected instead of the right, he replied that he believed it might be because his heart was the seat of his affections and it was on the left side, and that he had a left-sided varicocele which he believed was caused by masturbation.

The "sore knee" formed an adequate castration as an expiation for incestuous masturbation, but it was also a means of religious compensation and *simulation* of his father's illness. Further, he successfully solicited his mother's affections in another way. After the analysis the patient walked back to his bed without crutches, something he had not done for fourteen months. His attempt, however, was accompanied with loud breathing and facial distortion as if he were in tremendous pain. He afterwards stated that he felt no pain at the time, but could not prevent manifesting outward indications of his struggle. With encouragement, he rapidly recovered the use of his leg without any special treatment, despite the marked muscular atrophy and plantar sensitiveness from disuse.

A few weeks after his discharge, he returned, bringing a friend who was also depressed and anxious because of autoeroticism. This man responded promptly after a full discussion and adequate affective readjustment. Within a few days he changed from a morose, brooding, timid individual into a happy, grateful, earnest fellow with considerably more confidence in himself.

The following cases further illustrate the mechanism of *elimination* or *castration* of perverse erotic cravings.

Case PN-4 was a sailor, twenty-four years of age, who for six weeks had almost incessant compulsive feelings inciting him to smash his head into a wall or dive from a height.

His receding chin, high palate, irregular teeth, deficient enamel and facial development indicated some mental inferiority. He gave an indefinite account of having had fits in childhood. At nineteen, he enlisted in the Navy and served almost four years. After a visit to his home, his difficulties began. He had always been seclusive, shut-in, inclined to brood, indulge in alcoholics, and was disposed to respond sullenly to the social advances of his mates. They called him "punk."

Soon after his admission to the hospital he complained of having an intense dull, persistent pressure in his head, which compelled him to strike his head against objects and even to plunge head foremost into the wall. In his desperation, his record states, he plunged from the second story, cut his throat, and made numerous efforts to pound his head. When he was admitted, he had two deep scalp wounds, several minor facial bruises, and a scar over his throat. He had to be watched constantly, and for several days had to be tied in bed. Despite these precautions, he continued his vicious attempts to kill himself and succeeded in battering his head and face on the bed.

When I addressed him as Mr. —, he looked surprised, and, after several repetitions of his name, gruffly demanded to know whom I was calling "Mister." When I replied that I had addressed him, he showed unmistakable scorn for himself. After a little persuasion, he said he was not fit to be called "Mister," and was not fit to be talked to. He reluctantly gave the information that the pressure in his head was caused by worry and he felt he deserved it for his wrongs, for which he was punishing himself. After several brief visits, he was finally induced to confide his difficulties. Recent masturbation, and his seclusiveness, contributed to his feelings of being "not fit to live." But the reason he "must die," etc., was due to his having masturbated his young sister, a child, while on a recent visit to his home. The details of the occurrence were such that its reality was hardly to be doubted. When he talked of it, it drove him into a state of utmost desperation, and little hope was entertained for a solution.

Several days later, in talking it over, he said that the whole affair was so unnatural that he wondered if it were not a dream or imagination. Within a few days, his suicidal compulsion disappeared, and he rapidly readjusted to a more comfortable state. About two months later, when I questioned him to learn his method of adjustment, he reluctantly discussed his difficulties and said he thought (doubtfully) that probably it was a dream. It was considered advisable to stop questioning him, because of the ominous uneasiness he commenced to show when we started into the details.

Since then, he made an attempt to drown himself and has become very sullen, irritable and inaccessible. His behavior is essentially that of a most desperate *elimination* or castration compulsion to escape from the perverse cravings.

Case PN-5 was a sailor aged nineteen. Shortly after his enlistment, he developed a grave self-mutilation and suicide compulsion.

He had always been unduly protected by his mother, and was inclined to be timid and seclusive. He had a very odd face, almost ludicrous because of his very long chin which extended down in front of his throat instead of forward like the usual prognathous jaw. This deformity made him the "goat" of all his companions' wit, driving him into seclusion.

He had been addicted to secret masturbation from adolescence until after he entered the Navy. This vice greatly increased his feelings of inferiority but was unknown to others before the psychosis. He resented the nagging of his mates, which began with his first day, and, finally, they "stampeded him." His mother had always prevented him from fighting, but the unbearable tormenting compelled him to protect himself. He unwisely posted a challenge which was taken up by a man selected by the crowd. Before a jeering crowd of boys, he was soon knocked down by his opponent, and then held there by the crowd while they pummeled him. His social standing was, of course, hopelessly lost, and a tremendous regression with suicidal compulsion developed. He felt that he had ruined himself and was obsessed with a violent hatred for his physical inferiorities. He cut veins in his wrists and leg that day and later made a series of attempts to strangle himself by hanging, and by twisting a towel around his neck. This behavior continued for three weeks.

Upon his admission, it was necessary to watch him constantly because of his self-mutilation compulsions.

When I saw the patient, the day following his arrival, he was lying in bed with his face buried in a pillow. The nurse reported that he had just tried to strangle himself. Unlike the previous case, he responded almost immediately to a friendly advance, and rolled over to answer a question, showing an earnest desire to be helped. Gradually, after cautious inquiry, he was able to give an account of his troubles. He began with his feelings of being unfit to live, stating that he had ruined himself because of his "selfishness" and "seclusiveness." (Complaints nearly always characteristic of the autoerotic.) He then cautiously complained of having had a series of horrible dreams; such as sliding across the floor of a great hall, a feeling that he could not stop and was "going to hell;" noises, sudden sounds, such as slamming of doors, bugles, bands, etc., made him feel "dizzy," and have "sinking feelings in the abdomen." He could not explain why sudden sounds should affect him unless it were that they had some relation to the bugle call (to face roll call).

The wrist scars, which were small, indicated rather timid efforts to commit suicide. Something about his manner suggested that he was pleased to have me notice the wrist scars and, with a little encouragement, he described his effort to hang himself, adding that he was *sure* one of the efforts, which he described in detail, would have been successful had he not fainted just as he was going to jump from the bed after tying the noose. (Having "fainted," he fell upon the bed.)

He gave the impression of desiring to punish himself for something, but not really to commit suicide. After some hesitation he brought out the obvious cause, *masturbation*. In detail, he discussed his autoerotic interests and selfishness. He gave, as his opinion, expression to the belief that he would have cured himself if he had followed the methods of other boys, but his "respect for girls" prevented him.

When he confessed his masturbation tendencies, he showed intense affect and seemed to be grateful for the opportunity to "talk it over." He believed that it had caused his weakness, shortness of breath, and feelings of inferiority.

The next day, he made another attempt to strangle himself, but, on the whole was much more quiet. We talked over the im-

pression his odd features made on his friends and the inability of his friends to keep from laughing at him. We concluded that, under all conditions, it was disastrous for him to take offense when people laughed at him because their retaliations were nearly always focused on his facial inferiority. Only one solution was possible. We agreed that his face was certainly odd and, naturally, the cause of mirth; so why should he not become a humorist and enjoy the fun? It was strongly emphasized that he could turn his deformity into a valuable asset if he became tolerant and good natured. Several days later, he was found copying cartoons. He showed considerable interest in the idea of developing a sense of humor and became interested in studying the value of Mark Twain's humorous methods to make things easier.

During his self-mutilation period, he had no hallucinations. When discharged, he was much more congenial and apparently normal, but his dear mother had again enveloped him in her shielding arms, and his self-consciousness showed that he had yielded to her petting and solicitations.

Case HD-15 was a Russian soldier, aged twenty-four, single, uneducated and, apparently, a mental defective. At venereal inspection this patient was found to have inserted a safety pin through the corpus spongiosum of his penis for the purpose of "curing wet dreams," as he expressed himself. He also said, several times, that he would amputate his penis to cure himself. When admitted to St. Elizabeth's, he gave the impression of undergoing a marked deterioration of the personality.

The following case is typical of the castration which is usually characteristic of a pernicious dissociation of the personality.

Case PD-16 was a soldier who had given fourteen years of "excellent" service. He had lived what he regarded as a normal sexual life for a soldier. For years he had been a periodic alcoholic.

At thirty-two, he decided to get married to a divorcee twelve years his junior. One night, a few weeks previous to his marriage, he became intoxicated with another soldier, and went to the latter's home, going to bed with him "to sleep it off." (During his psychosis he was obsessed with feelings that homosexual relations of some sort may have been perpetrated upon him that night. He also felt that he was accused of having seduced the man's young daughter.)

A few nights after this episode, he left for a distant city to get married. He was still intoxicated and having dangerous auditory hallucinations when he started. Voices said, "We'll get him sure this time" and threatened to cut his throat, etc. While en route, he became panicky, and jumped through the window of the moving train. Other than some contusions, he escaped injury and borrowed a pocket knife with which he cut his wrists and throat and stabbed himself over the heart. None of the wounds were severe. (They were not unlike the wounds of the crucifixion and are to be regarded as compulsions to self-purification.)

After two weeks in a hospital he resumed his journey and married. He had always entertained fears that his fiancée would "not be straight and decent," and, on one occasion, criticized her for permitting the attentions of a superior officer.

About a month after the marriage, he began to show irritability and have suspicions of his wife. This tendency gradually developed and, about a year after marriage, he began to complain of enemies. He now openly condemned his wife for infidelity and restricted her freedom.

Then followed a series of changes to different cities to avoid his enemies, who his wife (a very suspicious individual) believed were trying to "break us up." He reverted to alcoholism, and developed persistent, vigorous self-denunciatory hallucinations of an auditory nature which included charges of homosexual degeneracy, seduction of a little girl, and the murder of a woman. He had some insight, attributing the hallucinations to "imagination," but he could not avoid reacting to them for several years.

During his marriage, he was virtually impotent, and only at times was he able to perform as much as *ejaculatio præcox*. His general attitude during his hospital confinement was one of continuous brooding and denial of the hallucinated charges. Four years after the onset of the psychosis, the hallucinations had subsided sufficiently to render the discharge of the patient feasible.

In this case, the cutting of the wrists (like the hands in others), in order to shed blood, "to let out the bad blood," has a castration (Case PN-5) and crucifixion significance. Christ's hands and feet were punished by nailing them to a cross. The repressed affect was accusing the *ego* of being a pervert and his desperate efforts to eliminate it were the violent castration efforts.

In the following case of intense struggle to prevent the oral erotic homosexual cravings from forcing the heterosexual emasculation, the patient will be seen to be continually tottering on the verge of yielding to the crucifixion and dying, to attain the rebirth as the best possible solution for his distress.

Case PN-6 was a male clerk, aged twenty-four, unmarried, who had persistent feelings of "dying," accompanied by choking, gasping, sniffing, and an abdominal tic. The symptoms were about three years old.

The patient's father was a stern old soldier, a firm believer in discipline, systematic work and fortitude.

The mother, about twelve years younger than her husband, was a quiet, pretty, affectionate little woman, rather timid, suggestible, and decidedly lacking in firmness. They had two children. The daughter, a good-looking, aggressive girl, with considerable business capacity, was about four years older than the patient.

The patient was the only son. At four, his legs were badly paralyzed by anterior poliomyelitis. At six, he was able to walk, and at seven, started school. Because of his disabilities, he had only finished the second year of high school at nineteen. He quit in order to earn money but could not be considered an intellectual defective.

His mother said she "raised him like a girl," always gave him everything he wanted, and could not resist his pleas, because of her pity for his deformity. His behavior was that of a very badly petted, spoiled child who realized that under almost any circumstances he could do as he pleased. Through his infirmities, he held his affectionate little mother as his confirmed slave. (For more than a year, I tried every persuasion and argument to convince the mother that she must allow her son to become independent of her, but marble would have been more plastic.) The stern, gruff father tried to counterinfluence this effect early in the boy's life, but succeeded only in increasing the son's triumphant attachment to his mother. The daughter usually supported the son in his clashes with his father.

The boy was unreliable, did not hesitate to lie, or take any advantage of a situation to satisfy his self-indulgent whims. Despite his deformities, he was very narcissistic. He always de-

pended upon his sister to secure positions for him, and, because of his unreliability, she finally found it necessary to have him work in the same office with her in order to keep him out of trouble.

This patient was peculiarly erotic and it seems that all his sincere interests were sexual and self-indulgent. As a boy, he had almost unrestrained access to the privacy of his mother and sister, and secretly utilized their attractions in his autoerotic fantasies. They never discussed the sexual problem with him. His masturbation was unusually excessive until nineteen, when he went to work so that he could have a "good time." At six, he had a fellatio experience with a boy playmate, and was severely punished for this by both of his parents. Other sexual experiences occurred with children of both sexes, and at nineteen, he had his first actual heterosexual experience, after which, until his panic, he spent nearly all his earnings on prostitutes. He considered himself to have unusual sexual powers because of his chronic eroticism.

At nineteen, he also had a homosexual experience with a boy of his age, while traveling with him. Both anal and oral perversions occurred.

At twenty, when his family was absent from the house, he abandoned himself to his eroticism in a most unusual and significant manner.

He described himself in the episode as having casually strayed into the kitchen (where his mother prepared the food) during an erotic mood, when it occurred to him that he might perform fellatio on himself. One suggestion for this was traced back to a companion's remark about a contortionist while at a circus. With considerable effort, he succeeded. He states that he never made a second attempt, but this does not minimize the high proportions to which he had developed his autoeroticism. The accessibility of his mother and sister for the stimulation of his secret fantasies tended unduly to cultivate his eroticism, as will be seen later.

No immediate psychotic effects resulted from this behavior, but it surely must have contributed to his secret feelings of inferiority, for, when he became twenty-one, he complained to his mother of being unlike other young men and that he would never be able to become "a man."

He proposed marriage to a girl of his age, for the sole purpose of learning how girls regarded him. He was much encouraged when she was inclined to accept his proposal.

He was deeply attached to his sister, and seemed to regard her as a life-long protector. Her engagement caused considerable anxiety, but at her marriage he was, in his own words, "at my best."

Almost six months after her marriage, his psychoneurotic difficulties began. Significantly, he could never give a clear account of the time of the onset or what his personal difficulties were at the time. (This extremely important part of the case history was never cleared up, although appeals were made to his parents for accurate data.)

The parents were both inclined to feel that the throat difficulties began at nineteen, and were first noticed after a vacation. He had visited a prostitute who had "choking spells," but he maintained that no perversions occurred. The choking began suddenly, while drinking water. He felt that he was dying from strangulation, and that evening complained to his mother, "I can't keep my mouth open. I'm afraid I can't drink water." The patient created so much excitement that several physicians were called by the distracted mother. He describes his behavior at the time as "very nervous, could not read, had to be alone or would just go wild. Could not talk to anyone or read sister's letters."

Several months later, one positive blood Wassermann reaction was obtained, otherwise no physical signs were found that might have a relation to the choking and fears of "dying." The diagnosis of his physicians was "hysteria."

A series of intravenous salvarsan injections was given for the positive Wassermann reaction, and with the third injection (so the patient said three years later) his abdomen began to jerk violently, and an attack of vomiting followed, which latter is not uncommon after salvarsan injections. This jerking stopped suddenly with the next injection, just as his physician "said it would." For two years, the abdominal symptoms did not return, but the choking and fear of "dying" persisted. The patient developed the habit of pulling at his larynx, and persistently massaged his throat to stop the sensations of strangling. Almost two and one-half years after the onset (age twenty-three), the patient had most of his thyroid excised, because the x-ray showed an enlargement that indicated compression of the larynx.

He was terrified by the ether and complained of dying while passing under its influence. He later stated that the vision of a

devil trying to jab his harpoon into him terrified him, but, finally, he submitted to the devil. The physician who was present said the patient had to be prevented from masturbating when he became delirious. The strangling symptoms were not materially relieved, and, within a few months, became more severe than before. As the patient recovered from the ether, the abdominal "jerkings" returned with the vomiting. The abdominal tic has persisted more or less vigorously to the present writing. The contractions were clonic in type, and occurred at the rate of 15 to 20 a minute. The rate was, at times, almost rhythmical, but, on the whole, arrhythmical, and the contractions varied greatly in vigor, according to his emotional state. To control the abdomen, he developed the habit of pulling on his belt, and was rarely seen without his hand on his belt. The abdominal tic and the strangulation feeling accompanied one another.

Then followed a long series of panics and consultations with numerous physicians. He could never rest assured that there was no serious danger of "dying," and, in all the interviews, he often repeated the same inquiries, despite tiresome insistence that nothing could be found to justify such suspicions. The patient most persistently tried to find physical causes for his troubles so that he might also have them removed (castration compulsion) by a surgeon. He wrote: "When I wake in the morning after a restless sleep, the first thought that enters my mind is, whether I will live to see the day out. My breath becomes short as soon as I get on my feet, and my abdomen starts jumping. The only way I can manage to get a satisfactory breath is to open my mouth as wide as possible and gap it in. I yawn continually, all day. When these spells come on, it is almost impossible to be still. I walk the floor until some relief comes. When I have these nervous spells, the hardest part to bear is the awful smothering sensation in the throat. The nerves seem to bunch all together in the throat, causing same to feel like something is pressing the windpipe closed. I become very much alarmed and think sure that every breath is the last. Then, all of a sudden, a calm will come over me, and the throat will sort of relax, and the breath will come natural again. I notice the most discomfort at meal time. It is very difficult to swallow my food on account of the jumping and smothering sensation which, if not already taking

place, will commence immediately after being seated at the table."

He usually ate from his plate placed on the top of the icebox in the kitchen. Because of his discomforts when seated, a very definite tendency to go into a panic at meal time existed, and, when later he became a patient on the ward, he usually attracted considerable attention by excitedly jumping up from the table to keep from choking.

He was admitted to St. Elizabeths Hospital for treatment at twenty-four years of age. From the outset, he was dishonest and could not quite be depended upon. He came voluntarily for a psychoanalysis, but the benefits he derived could not be considered of much value. He always maintained a bluff about his case, and had an irrepressible craving for sympathy. He was virtually an affective parasite. He had no delusions or feelings of being persecuted, and no hallucinations, although he frequently showed considerable fear of insanity. His mental capacity, other than the distractions of anxiety, showed no impairment. He was always neat, and inclined to be stylish. He could not be induced to work, would mingle with the patients, was unduly curious about the affairs of other people, inclined to be petulant and quarrelsome, and easily dissatisfied unless he received special attention. His associates quickly learned to doubt his statements. At night, he bolstered himself up so as to go to sleep in a sitting position, but, in the morning, he always found himself lying flat in bed. During sleep, all symptoms and discomfort disappeared.

His general attitude toward his abdominal difficulties is apparent in his discussions: "I am convinced in my conscious mind that this jerking is caused by the '606' being too strong. I did not have syphilis, so this medicine had nothing to fight and affected my nerves. My father was unable to trace syphilis in our family." (His parents were horrified when the physician advised treatment for syphilis, and his father severely rebuked him for disgracing the family. The value of the above reasoning, to shift the responsibility upon the physician, is apparent.)

Another determinant for his abdominal troubles was revealed in the teasing of his sister and brother-in-law. They called the cause of the "jumping" abdomen, "Yosabel," and playfully teased him about being pregnant.

The mother wanted a grandchild, but the daughter was "too selfish" to have children, the patient believed. When his ab-

dominal trouble first began he complained that "something was kicking in there to come out." In discussing the pregnancy value of the difficulty, the patient wittily remarked, "Four injections ought to be enough to cause pregnancy." It should be noted here that at the time of the injections, the patient had developed quite an attachment for the physician.

Previous to the strangulation crisis, a homosexual seducer of boys paid frequent visits to the patient's office in order to persuade the patient to live with him. He represented himself as having plenty of money, but was lonely and felt sympathetic because of the patient's deformity. He said he wanted to give the boy a home where he would not have to work. The patient stoutly maintained that no relations occurred, although he regarded the situation as tempting.

The strangulation and "dying" feelings at times caused panics and the abdominal jerks often became so violent that he had to keep his belt pulled tight. Several times in these "dying" states, I urged him to lie on a couch, and encouraged him to let himself go. During such states, he had to hold tight to some object to counteract the feeling of "falling" and "dying." He was never able to let himself go. He usually rolled and writhed about on the couch, suffering constantly, making sucking movements with his lips, complaining of choking and having violent abdominal movements. Twice, he described himself as having violent compulsive homosexual feelings during these tantrums. A little ward incident spoke volumes. An older, very active, red-headed soldier, of decidedly scrappy appearance, was inclined to pity the patient. This man was also a patient because of his anxiety and jealousy about his wife. One evening, he took the patient on his lap and called him "honey," etc. To this, the patient commented, "I felt so peaceful and contented it frightened me. I felt like a girl would, and I jumped up. That worried me awful." The effect on the older man may be guessed from his behavior, when a little later he made frank, but playful, homosexual advances to another patient.

The patient gradually became aware of his homosexual submissiveness and himself found evidences of it in his jokes and the selection of companions, etc. "The feelings (repressed) say, 'let yourself go, you'll be happy if you'll die.' They say, I am 'scared,' and I say, 'liar, it is not so.' There is too much manhood in me

to give up to being a fruiter." At other times his feelings would tell him that he would not actually die, but would pass through a climax. His manhood only would die and his mother and sister would lose their love for him. "If I could just throw myself on the floor and die, I believe I would feel better." (This method of "dying," etc., is a very common phenomenon in the graver psychoses.)

He was very much inclined to treat "Yosabel" as another personality within himself that was trying to destroy his manhood. When talking of it, he said, "When we are by ourselves." The case could not be psychoanalyzed satisfactorily, because of his constant bluffing. After he told me of his sexual career and his self-indulgent fellatio, he, with pseudo boldness, declared he was not homosexual, because if he had such inclinations, he would go right ahead since it was his own business. Later, he was constantly worrying lest he should become homosexual. When in a panic he had dilated pupils, staring eyes, dyspnea, tachycardia, insomnia, and fear of death. He would gasp and cry and beg for help and encouragement, etc. During these states, he grasped his belt or clothing like a drowning man and clung desperately. (The fear of the heterosexual *ego* being overcome by or yielding to the homosexual cravings.)

Behind all this symptomatic difficulty and distress was the feeling that his father wanted him to die (crucifixion) so that he could have his wife for himself. He talked of his father's jealousy, denunciations and violently expressed wishes that his son should die because of his worthlessness. The mother usually counteracted this by saying that her love for her son was greater than that for her husband, but that she had to take care of the father. (Back of this mortal feud between father and son was a timid little wife-mother who weakly tried to keep things smoothed over between husband and son. See Michelangelo's *Pietà*.)

During one of his more severe "dying" episodes, he reviewed his difficulties with his father, permitting his anger free play, finishing with his father's denunciations about the syphilis. The intensity of the compulsion "to die" seemed to be greatly relieved by a series of protests against the domineering attitude of his father. A reaction of regret followed in which he mourned the fact that he should have such violent hatred for his father.

His almost unrestrained attachment for his mother and sister

was evident in a long series of dreams about light-haired girls and women (mother and sister were light-haired) and several rather romantic sexual dreams in which his mother or sister made love to him. He commented that it was strange that when he was awake he should be attracted by dark-haired girls and in his sleep nearly always dream of light-haired women.

He developed a "funny little habit" of drinking out of his hands because it tasted better than the cup and relieved his tendency to become strangled.

The intensity of the symptoms gradually became lessened, and he made a fairly consistent transference to me, but would not give up his mother attachment. This was expected, because his mother could not give up her unhappy, crippled boy.

His sexual interests in his mother were never analyzed. To this he stoutly refused to give any consideration even though he came to an interview much embarrassed by a frank, vivid sexual dream about her.

In due time, he was discharged as improved. He had regained considerable confidence in himself, and was determined to become a man and "make good" despite his difficulties. For several months, he occasionally came to see me to show how well he was succeeding. He was always well dressed and made a good appearance, but was still uneasy.

"Every time I try to appear at my best, this thing comes up in my throat. 'Yosabel' gets after me whenever I try to do my best, but I am putting up a fight, all right, but *it* has not won yet." The striving and bluff were still obvious. He was having "a good time to forget his troubles" and saying nothing. Before long, a panic developed. He had been discharged from a series of jobs for insubordination. For three weeks, he said, he loafed. His mother said he could not get work. Finally, his father ordered him to leave home and refused to give him a loan to start on.

He came to me discouraged, depressed, with all his symptoms reaggravated. (The repressed cravings become dominant when the *ego* is discouraged.) He hoped I would find him an easy road to travel. He was advised to go it alone, and, half-heartedly, promised to do so. A few days later, the mother informed me that he had bravely started out (with her strings tied to him), and that if he did not get along well she had assured him he would always be welcome in her home. Within a few weeks, he was back. He

still calls me up to be reassured that he will not die from the throat sensations.\*

This man has, obviously, very grave oral erotic affective repressions, and trudges along on the precipitous edge of dementia praecox, that is, profound dissociation of the personality.

The struggle to become virile, good and happy through the *elimination* of the distressing cause or the deficiency (the perverse affect and its interests), has its corollary in another type of struggle—namely, to compensate for the deficiency through the *simulation* of a compensatory state which atones for the deficiency. It is important to recognize the difference for the psychotherapeutic procedure and the prognosis, because the elimination or castration type of mechanism, unless the tendency becomes checked, may develop into a pernicious type of dissociation with progressive deterioration. The preceding cases illustrate this feature.

In the *simulation* type, *the affect creates the postural and sensory image of what it needs in order to attain comfort because the reality is unattainable*, as in the simulation of pregnancy, or of paralysis (Case PN-3). In the latter, the suppressed affect will often permit the free use of the inhibited or misused part so soon as a monetary compensation for the injury is made by the offender, as a railroad company. In one case, the simulation was so transparent that after handsome damages were collected a laminectomy had to be performed despite a normal spinal column and spinal cord. This, apparently, socially justified the recovery which promptly followed. The neurologist and surgeon permitted the patient to evade the responsibility for the simulation of paralysis.

The following case of *simulation* is presented as typical of the rather startling behavior of such cases, which, however, usually have an excellent prognosis, *unless the deficiency which is compensated for is utterly intolerable*, as in Case PN-7, who protected himself from fear through the defensive use of his foot.

Case PD-17 was a white, married woman, aged thirty-four, who passed through a sexual panic with *simulation* of labor, and also hallucinated sexual assaults by two female relatives.

Her father was "dull" and her mother, "nervous" and "eccentric." They lived unhappily together, and the patient, as a child, suffered from their quarrels. A paternal uncle was in-

\*Two years after this was written I received a letter from him stating that he had recovered because he had learned to be a man.

sane. A brother had three manic-depressive episodes, presumably related to his wife's alcoholism; and two other brothers separated from their wives because of infidelity.

The patient had jaundice, spasms, mumps and "kidney trouble" when a child, but seemed to be a healthy woman.

Although she learned very well in school, she had to quit at eleven because her parents refused to supply her with clothing. As a child, she persistently tried to become a Catholic in order to go to confession with her playmates.

Her skin was darkly pigmented, and the mother obtained much of her revenge through calling her a "nigrified bitch," "black bitch," and "black nigger." Her playmates often provoked her into fights by calling her "Jew," "Italian," and "crazy Susie." (These names were hallucinated in the psychosis.)

(The sister-in-law, who was supposed to be immoral, and who called her "Indian," appeared in the psychosis as a sexual assailant.)

The patient began to menstruate at eleven, and early developed maternal interests. At fifteen, she "fell in love," donned long dresses, and eloped to get married, but the impulsive plan miscarried.

At twenty-two, she married an artisan of twenty "for a home," to evade her abusive mother. Her married life was not happy. Her first child was healthy, but the second pregnancy was aborted and this resulted in a separation. Family relations were finally resumed, whereupon she became infected with gonorrhea. This increased her sexual indifference for her husband. Her husband, soon after, lost one of his legs in an accident and her household attentions became drudgery.

Her husband's mother and she were bitter enemies, and this added considerably to the incessant family turmoil. Restless and amorous, she was forced to find an affective solution.

At thirty-four, about one year before the psychosis began, she affiliated with a Baptist congregation. She became an ardent worker, but was infatuated with the minister. When he failed to make satisfactory responses, the dissatisfied affect caused her to suspect that he was making sarcastic references to her in his sermons and the congregation was gossiping about her. Six months previous to the crisis, her physician noted "some mental disturbance."

The excitement began suddenly, apparently after a conflict in which her mother-in-law figured prominently with accusations about her character. She believed that her own mother had poisoned her, her husband's breath poisoned her, and that the medicine for her pharyngitis was poison. She rapidly developed fancies of being a little girl (regression) and refused to listen to her friends. Although she wore her house dress she fancied it to be an Indian costume, fixed her hair to hang unbraided and tied a handkerchief around her neck.

She went to a Catholic hospital for help, and then became "unconscious" from a "shock." A nun, she said, tried to calm her and, upon hearing her story, said something about having a baby, which, the patient thinks, influenced her, but was only an excuse for what was inevitably coming. Because she was unable to control herself or attend to her household duties, and was responding to hallucinations with weeping and singing, she was brought to St. Elizabeths Hospital.

Upon her admission, aged thirty-five, she was very much confused and excited by the hallucinations and erotic cravings. Her wide-open, appealing eyes and submissive, yearning facial expression were classical of the Madonna, although she was short, obese and darkly pigmented. No important physical lesions were found.

Within a few hours after admission, she attacked several women and charged them with trying to "cast influences" over her. For several days, she retained her excreta. Although very apprehensive in the presence of women she seemed to be relieved from fear in the presence of a man.

(I believe that the unrestrained nature of her transference and confession was an important influence in preventing a prolonged psychosis. The reasons for this impression will become more obvious as the material of the confession and the patient's faith in its therapeutic value becomes manifest.)

She persisted in getting *under the bed*, removed her clothing, and kept the ward in confusion. She was secluded, and continued her general erotic behavior for the next seven days. Then she seemed to gain considerable control of herself after several frank discussions of her wishes, which are recorded because of their importance.

During the period of greatest confusion and activity, she pleaded frequently that she wanted "to die." "I have been poi-

soned," she would say. "I have been tortured and tortured every night. I know I have never had nothing like this before. My whole body was to be cut up and wrapped in some filth and thrown into a slop-cart. I will be glad to die to get out of my trouble. This morning, when I sent for you, I didn't know what was the trouble. Feels like labor pains."

Examiner: "Why do you have feelings of labor pains?"

Patient: "I couldn't tell. I can't remember. My mind was upset when I came here. It's drawing—some kinds of drawing pains, just like it's pulling your heart-strings down. I haven't had any movement of the bowels—I am full of food. I don't know when I was sick last. I don't know how long I have been here [six days]. I don't know whether I have been here a month. I know some of the girls have been acting so funny, and everything has been going wrong, and I do not know what the cause is. I have just been poisoned today with something put in the soup, so they told me [hallucinated]. That gets me giddy in the head, and then I feel like I am thick around the neck, get stiff, a pulling on the nerves. I don't feel it is my husband's cause [fault]. They all say that I am going to have a baby. They said I was going to have a baby today [hallucinated].

"They shut me up like a maniac. There are no conveniences, no vessels, or no drinking water. I feel like I am not treated right [contracts her muscles]. I feel like they are poisoning me. [Trembles all over and writhes in bed, saying: "Oh, my!"] Her body was badly beaten and bruised from throwing herself about in the bed.] I have stood that poison so long."

She placed her hands on her abdomen, and said: "It feels like those drawing labor pains. It might be some convulsion pains from poisons. We had soup today, and some of the people were sick. There is food in my stomach for many days, and I don't think the child would be healthy if it were a child."

She asked me, with great anxiety, to close the door, because she was afraid a "grey-haired woman" might enter her room. She said she could hear her voice. "They might cut me up," she said. "They might throw me through the window and put me in the slop-cart. [Smiles.] That [the voices] makes me go just like that. [She made her arms tremble.] She is downstairs now. They are just having a picnic out of me, and I will do anything

they tell me. [Refers to her autosuggestibility.] I smell the odor of some kind of disinfectant."

That morning, she complained, with anxiety, about a "woman downstairs" who was terrifying her. She said: "She has called me everything—bitch, black bitch, and names that meant I was low." (The reader must always bear in mind the fact that the hallucinated voice is produced by the dissociated cravings.)

I asked her if "downstairs" had another meaning, and she replied: "Below and Hell, torment, murder, death, everything ugly and danger to me," revealing the moral direction the perverse dissociated affect was forcing the *ego*.

She complained that she could not understand why she should have labor pains when she really could not be pregnant, and, at times, she spoke of her pregnancy as "imagination," but she seemed unable to stop it, and would quickly slip back into accepting the feelings to mean a real labor. This indicated that at times she was able to almost control the dissociated affect.

The necessity of holding to her admission that her troubles were imaginary was earnestly maintained, but all criticisms were carefully avoided, and in her replies she made the following statements:

Examiner: "What can a woman do when she is having such imaginary labors?"

Patient: "She will never get well of the insane."

Examiner: "What else will she do?"

Patient: "She will die."

Examiner: "Is there anything else?"

Patient: "If she tries to stop it [hesitates, but acts as if going to continue] . . . ."

Examiner: "How do you think she can stop it?"

Patient: "I don't know."

Examiner: "How do you stop anything like that?"

Patient: "Trying."

Examiner: "When are you going to try?"

Patient: "When I get out of this—unhappiness—trouble."

Examiner: "Tell me all about it."

Patient: "It seems just like someone had me on their mind—minister—I don't know. I was going to church, and I tried hard to believe and be right, and it seemed like this party would just

look at me sideways and talk directly to me. He was minister of—it just struck me to the heart. I admired him first as a minister, and thought he was a nice man. I used to like his virtue, but after he commenced to be sarcastic I kind of didn't care for his sermon. I thought I must be guilty of sin" (secret erotic wishes).

She confessed to having had "drawing feelings of love" for him, and now was suffering from "disappointment and sin," and she admitted that her troubles may be "imagination." (Here she began to writhe and groan.) "Oh, my! I don't know what I am going to do! These girls are always plotting and they are making fun of me!"

Her labor pains and general behavior were evidently a compensatory *simulation*, relieving the "disappointment" of the sexual cravings for the minister.

She said: "I tried hard not to think of it [love]. I thought I was wrong. I had to drive the feelings away." She followed with the complaint that it had been "a week" since she had defecated and "everything is mixed up in me." This retention of her urine and faeces made her "get big," and it was "something like labor," and made her think "of a child."

When she was not tossing, and contracting her abdominal muscles, and groaning, she smiled pleasantly and tried to be agreeable. After her confidence was won, she became quite inclined to assume the responsibility for her condition, which was the encouraging sign of a healthy solution, and I asked her what she was going to do about it. She replied: "I don't know. If I could just get out of this place. [She was afraid of being considered insane.] This misery just started a little last night. For two or three nights I have not had a passage of urine. I held it so long. I could not get anybody to come to the door. Last night they let me out but I could not do it, and this morning—Oh, doctor! Please see if you can't get me something for this. [She seemed to be in great pain, and tossed about in the bed.] I feel like I am just clogged up inside by keeping my urine and passage back. I don't know what it is. I believe I could get relief if I had a passage. I don't know what it is. Maybe somebody has poisoned me. I don't know—imagination or what." The transference to me was making it possible for her to see the wish-fulfillment.

The next day she removed all her clothing and stood nude

before the window. She pounded on the screen, and tried to force an opening. She said she saw a light in a nearby building and was trying to reach it because "it meant passion." The nurse put her to bed and, when I entered the room, she was lying quietly, stretched out on her back, eyes closed, trying to appear as though she had not noticed me. With a little persuasion, she opened her eyes and began to talk. She repeatedly protruded her tongue, covered with foamy saliva, during the conversation and, in reply to my questions, she explained that this meant "passion." She continued to groan, and to contract her limbs and abdominal muscles the way she did the day before. She complained that she could not "make water flow." At first, she seemed to mean urine. To make certain, I asked to what water she was referring, and she explained that she meant the waters of labor, and again spoke of her "imagination," about having to have a child by the minister.

She complained bitterly of having "impure thoughts," and that she was unable to control herself. She said her thoughts were "degrading" and "wrong." She was fighting against them because something was pulling her away from her husband. "It grips my wrists," she said. [Rubs her wrists.] "I can feel it—feels like electricity drawing me to some other person."

From the time of her admission, she had complained of being afraid of an "old grey-haired woman" who looked like "a witch." She heard and saw this woman, described her as naked, trying to get into her bed to perform sexual acts on her with "her mouth." For this reason she was afraid of the women when they entered the room and attacked them.

While speaking of the woman calling her "black bitch, negro, foreigner," she complained that her mother never wanted her, and accused her of being a "nigrified bitch." She believed she was "marked" because of this.

What she called "impure" and "degrading" thoughts, she said, were influenced by an alcoholic, immoral sister-in-law, "because if you sympathize too much with a person it will make you like them." (Quite a profound psychological observation.) This sister-in-law, she hallucinated, was also trying to make a homosexual assault on her like the old woman.

The patient was now extremely erotic and vividly hallucinated. The sputum on her tongue was shown repeatedly, and she pleaded

pitifully that she was unable to control herself. She explained that her husband had repeatedly practiced cunnilingus on her and induced her to practice fellatio on him. She said that is what she meant by "It is all mixed up inside [placing her hands on her abdomen] and the phlegm comes from down here."

The patient's *anxiety* about her perverse eroticism was unquestionable. She was terrified and begged to be saved from insanity.

The next day she was not quite so confused. She said: "I think my mind is purer and I feel better." She wept bitterly, and felt ashamed, because "I did not act right here. I took my clothing off and was so stupid." Her eroticism had greatly subsided, and, although she still had hallucinations, they were not vivid enough to cause her to yield to them, except to cry and plead for help.

She now wanted to tell me about her sexual difficulties, in order to get control of herself, because a confession, she thought, would help her. (See Case CD-8.) She said she had loved a man of her age and allowed him sexual privileges, then she married her present husband to save her honor. This distorted her entire life, and explained the origin of the dissatisfaction with her husband and her cravings for the minister.

Five days later, she had improved sufficiently to review her psychosis. It was deemed advisable so that she would understand herself. (Some of her explanations of the impulses to commit perversions were *extremely pertinent*.) Relative to the "phlegm" on her tongue, she said: "They (voices) accused me of drawing phlegm, like passion [placed hand on abdomen] *like a baby taking nourishment from the breast*."

These hallucinations indicated that the origin of the affective craving of "drawing phlegm" (like a baby taking nourishment from the breast) and sucking to satisfy "passion" or sexual hunger was actually related to a nursing craving hence the struggle to resist the degrading sexual qualities of poison in the food. When patients fear there is poison in the food, they usually mean a sexual ingredient, and this feeling about its presence in the food tends to satisfy the orally conditioned sexual craving which is associated with the food hunger, perhaps, because practically the same physiological functions were used to satisfy both cravings in infancy. Both cravings seem to have a common

root in the infant's affections when food is taken from the breast (Case PD-13 and Costa Rican Indian sculpture of copulation).

She said, retrospectively: "I heard voices around me say I was going to have a baby. I seemed to be in a dream, and I forgot all about my husband. It seemed I was going to marry Dr. V—. When the girls put me in a continuous tub I heard voices say: 'You can't tell me she isn't a Southern water nymph.' I thought a crowd of actresses were coming up from the South. I was preparing for the stage. It seemed that after I came here, there was a lady, who was built like my brother's wife, came near me, and it frightened me. I said I would strike her, and once I got her by force. [She attacked several women.] I thought she was going to use her mouth on me. [Groaned, and appeared very anxious.] I am hearing voices now call me a bitch, a dirty diseased somebody. I am rotten. I must dirty the bed. Believe I did once." The psychopathologist must see behind this talk the erotic craving to be "rotten" and "dirty."

The patient told another physician, who was not familiar with my notes, that she felt an old woman would come in the night and put something into her rectum. She heard the woman's voice tell her to put her finger into her rectum and she would see her picture, so she covered her finger with a sheet, and, after inserting it, saw "a picture of a nigger on it." She said that a voice told her she would see Christ and that she herself was the Christ Child Jesus. Someone cut up the bodies of her people, and she was blamed for the crime.

"I got to dancing and hollering out of the window like an Indian. Hollered for people in Baltimore. Thought the Washington people thought I was colored and were all against me. These Protestants and Catholics were fighting. Whenever I do wrong, I feel better when I can confess it, and the sisters (nuns) are so nice to me."

She continued to be distressed and anxious because the cravings to perform sexual perversions could not be subdued. During this conference, she was inclined to lapse into a distracted state, but would respond promptly to questions.

Two weeks after her admission, she commented: "I think my mind is purer and I feel better." She adapted herself well, was not so distressed about her former behavior, and asked for work.

She pleaded to be permitted to return to her husband, and made profuse promises about never leaving him again.

Her dreams, during the acutely erotic period of her psychosis, were quite in harmony with the hallucinatory trend, such as dreaming about marrying her physician, and of being in bed with a man; that someone telephoned to her that she did not have a husband; and that she was going to be married to the husband of another woman. Another time she dreamed she was nude before him, and he was studying art, etc.

During the acute stages of her psychosis, she yielded to the erotic cravings and interpreted the environment largely to satisfy them. She would laugh, cry, groan, fight, pray, plead, sing, dance or be silent for periods or talk freely. Her conversation was not coherent, and there was a little distractibility, referring to things in the environment. It showed in the promiscuous subjects of her eroticism.

During the acute stages of her psychosis she also *seemed* to be disoriented for time, place and person, but when her attention was held, she proved to be quite oriented, although she frequently made mistakes before she arrived at the correct date, etc. Her memory for remote and recent events was accurate, but the special memory tests were not so well done, and the calculations were inaccurate. About two weeks after admission, she was able to perform the usual tests well enough.

Unfortunately, she was discharged by the court twenty-five days after her admission, before she had completely recovered. Her insight was good, and she understood the wish-fulfillment in her behavior. She was inclined to feel that in some respects the psychosis did her good.

During the past two years, the patient has conducted herself quite efficiently, with, perhaps, a better appreciation of her husband.

In the above case, the *simulation* of pregnancy and labor was brought about by the dissatisfied affect which, obviously, craved a definite relationship with the minister (father). On the whole she was not desperately averse to the repetition of perversions, but was terrified by the hallucinations of the mother.

In some cases, the *simulation* of an attitude or state may be made at the sacrifice of an important organic function or personal interest, and the sacrificed function may mislead the observer to

consider this in itself to be an *elimination process*, when, in reality, it is decidedly a *simulation process* made necessary in order to *eliminate* a far more grave, although more obscure affective craving.

In the following case (PN-7) the soldier simulated a disease, "the bends," and crippled his leg in order to protect himself from the terrifying effect his anal erotic cravings had upon him.

*That one individual should become terrified when he becomes erotic, whether perversely or not, and another elated, seems to be decidedly a result of the influence of associates, particularly the esteemed associates who create in the individual through endless suggestions and pleas, from infancy to senility, a conscientious regard for what is estimable and justifiable.*

Case PN-7 shows the marked distortions an individual will assume to escape the causes of *fear* when due to uncontrollable perverse eroticism.

The patient was a tall, broad shouldered, lanky soldier and coal miner who was sent to St. Elizabeths Hospital for dementia præcox and a hysterical contracture of the right leg. He had also been diagnosed as having cerebral syphilis. He was twenty-six years of age, unmarried, and had spent most of his life in the coal mines and on the Ohio River as a roustabout. He believed that he was the only child of his parents, but did not remember them and could give no information about his early childhood. His education was extremely meagre, and he gave the impression of being a high-grade moron. When asked to give the difference between water and ice, he said: "One is water and the other ice."

He denied having had any diseases. His blood was double plus for one Wassermann test and negative for another. His spinal fluid was negative for one examination and showed 14 cells, double-plus protein, negative Wassermann and negative Lange tests upon another examination. A neurological examination was negative for all signs of any form of cerebrospinal syphilis. He had indulged freely in alcoholic beverages for years, but did not show physical signs of their excessive use.

He quit the coal fields for reasons that he would not discuss, and enlisted in the army in January, 1915. Six months later, according to the Army Medical Report, while in the Hawaiian Islands, he returned to the post and claimed that he had been struck

from behind and knocked unconscious. He was put under arrest for being drunk and carrying a revolver. Following the alleged attack, the patient went on sick report complaining of pains in the right testicle, right thigh and abdomen. Upon examination, no evidence of trauma could be found. (The reports are confusing on this point. The first report says the patient suffered from a severe contusion sustained in a fight. Then the diagnosis was changed to cerebral syphilis, and later, to dementia præcox. The patient's stories were also contradictory and confusing.) He walked with the thigh in an abducted position for several days, and his physicians expressed the belief ~~that~~ his symptoms were affected. He was observed to walk across the room in a normal manner, but within a few days the right knee was raised almost to the level of the hip-joint and extended before him, while the leg was flexed closely upon the thigh and the foot carried below the left buttock so that the foot practically covered the anal region. (See Fig. 41-A.) The muscles were held fixed, except upon defecation and sleep, when the foot was let down to rest behind the left knee. He usually walked by shifting sideways on the left leg, twisting the foot from heel to toe over the floor. Later, he walked with crutches. An x-ray picture of the hip showed the joint to be normal; at least, no signs of necrosis or infection could be made out by the x-ray examiner. No trophic disturbances were found, and no changes for sensation or tenderness could be elicited.

Unfortunately, a description of his behavior and mental status during the acute stages of the illness were not given in the report. The medical officer said that he showed "mental deterioration" within a short time after his admission. A true deterioration, however, had not occurred. The patient was only panic-stricken and was unable to cooperate; also being illiterate, his state of mind was misunderstood.

In the beginning of his illness he had been assigned to an open ward, but became morose, suspicious and surly. Although no one in authority advised a surgical operation, he became excited, threatening, abusive and profane, in order to keep the physicians and nurses away from him. He could not be reassured, and had to be assigned to a private room. (Such behavior always suggests a homosexual panic.) He closed the windows, covered his head with a sheet and leaned against the door to keep it closed. He refused to eat and would not explain why.

He was not accessible and never admitted that he had hallucinations, but replied to questions concerning them with, "They don't bother me any more."



Fig. 41-A.—Spastic distortion as a defense against anal erotic cravings.

Ten months after the onset, he was admitted to St. Elizabeths Hospital. Certain characteristics of the patient's attitude were

very striking. He trusted no one, and always watched everybody, particularly when they approached him from behind. He would not make friends, tended to isolate himself, had a perplexed, anxious facial expression, and did not want to be cured. He said if his leg should be brought down, "I'll go mad." He was very anxious to be discharged "not in line of duty" and avoid any form of treatment. (When a soldier is discharged for an illness or injury which is not in line of duty he is not entitled to a pension.) Throughout his stay, he asked this monotonous, stereotyped question: "When can I get my discharge, sir? I am all right. It's not in line of duty, sir. They read it [record] to me that way." If he had the opportunity he never failed to add, with anxiety, "I do not want a pension, and since this happened out of line of duty and I was not in the service very long and I am an expense here, I want to be discharged, and you can put it on the records that I do not want to claim a pension—if I could have been cured, the doctors in Honolulu would a done it, sir." It should be recalled that he resisted the doctors in Honolulu.

His story of the injury was as follows: "I was in town drinking a few glasses of beer with some friends and was going along the street (in a park) when I heard someone come up behind me with a police officer on horseback. From what the police said they knocked me unconscious and beat me up. They hurt my left ear [while in the hospital he had otitis media] and side and my right hip. My leg dragged afterwards and it was in the way, so it drawed up this way. I couldn't use it while it dragged. If it comes down (now) it would be in the way.

"My trouble's with my right hip. Came from my right testicle. It hung down and it affected me all through here [places hand on right inguinal area] and my leg drawed up."

When the testicles, which appeared to be normal, were palpated the man was decidedly embarrassed and uneasy. He feigned great tenderness and resisted the examination.

No varicocele or hernia on either side was found, although he insisted that he had a right varicocele. Physical examinations of the abdomen and scrotum were found to be negative.

Why this able-bodied man should fight against being treated for so serious a deformity as he had, seems inexplicable upon any other ground than that it was a necessary, desperate solution of a grave affective difficulty. He had carried his leg in this position

for ten months, but repeated, emphatic warnings of possible, incurable changes in his hip and knee-joint did not influence him to seek treatment. He would not consider it under any circumstances.

He worked industriously, was well oriented, and interested in most things, and tried to find favor with the physician-in-charge so that he would be given a parole. He was consistently inaccessible and elusive so that only fragments of information could be gathered. He admitted to Dr. D. C. Kalloch that he had heard unnatural voices calling him vile names, and said that he may have been thinking of someone committing a sexual assault upon him on the night of the supposed injury, but did not want to talk about it.

During a later interview, he thought that "may be the policeman affected my hip with compressed air." This statement followed his explanation that he had never had relatives who had a similar affliction, but he had seen several men who had had "the bends" from compressed air. This was while he worked on the coffer-dams in the Ohio River.

The fancy that the policeman had caused "the bends" with compressed air was significant. But, what did the policeman on horseback and the compressed air symbolize? And why did "the bends" take on this convenient form which he would not allow to be treated? The answer is possibly to be found in the use of similar symbols by other cases, and in his general personal makeup. The policeman on the horse symbolized the centaur that had assaulted him, and the compressed air that he injected was a seminal equivalent. Case HD-1 described a horse on which a policeman rode as being "nearly all penis," and Case PD-32 often sits on her foot to *protect her anus* from a secret underground *device that sends shocks into her anus*, and is operated by her sister and brother-in-law.

The patient said he had never masturbated at any period of life. For a boy, carelessly raised in the coal-mining towns of West Virginia, this is so improbable that it must be considered a defensive misrepresentation of his sexual life. Since he told readily about his experiences in houses of prostitution, the impression was given that he had the usual pride about heterosexual experiences, but was very uneasy about his homosexual life.

When the universality of masturbation was explained, and its usual harmlessness emphasized, he replied, "If you can't get me

one way you'll get me another." But he did not trust me far enough to disclose the true causes of his anxiety.

He would not relate his dreams, so this avenue to his fears was not open.

The foot was carried over the anus and he so consistently watched for suspicious signs of approaching danger and was so easily startled, that the defensive value of the foot attracted attention. His panicky resistance to treatment, the hallucinations that had accused him of being a degenerate, and the fear that he would "go mad" if the foot was displaced, indicate that he was protecting himself from anal erotic, homosexual cravings. His explanation that he had been "knocked unconscious" by the assault is a phrase typical of anal erotic submissions, as Cases PD-34, PD-33 show.

One other feature of the case must be given consideration, and that is the pain he endured when he so severely flexed his knee. He explained it was done because "the leg dragged from the hip and was in the way." The pain was endured in order to escape more terrible panic. The consistent maintenance of its position gives a measure of the persistence and gravity of the fear. Suggestions that we would correct the leg after giving ether caused him to become decidedly anxious.

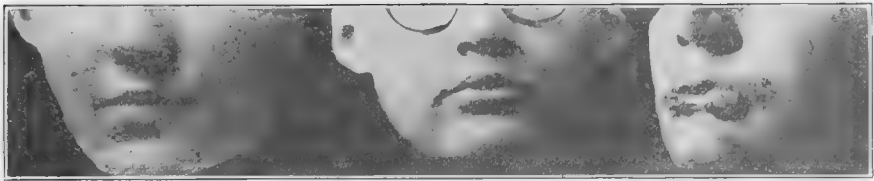
His sensitiveness and embarrassment upon digital examination of his scrotum was unquestionably a homosexual reaction, as was his tendency to isolate himself from other men. The suggestion of so using the foot for a defense probably had, for one determinant, its origin in the cases of "bends" he had seen from compressed air.

The possibility of error in the diagnosis that the position of the foot was a defense against an anal erotic predisposition must be admitted, but the more important fact, for which the case is presented—namely, that *the extensive serious physical distortion was reflexly assumed by the man and maintained indefinitely in order to escape the affective state of fear, is definitely established.* It is probable that so soon as he escapes from the causes of fear, he will gradually resume the use of his leg.

Sixteen months after the onset, he eloped in an unimproved condition. The trend of the psychosis seemed to have become fixed upon the physical distortion he had maintained, and this in itself was the reason for not pushing his case. To have deprived him

of his "defense," without having his confidence, would probably have thrown him into a more serious panic.

The peculiar phrases about being "made unconscious," or "knocked unconscious," or "temporarily senses taken away" (Case PD-34), are strikingly used by patients to describe their experiences when passing through a sodomistic experience. It stands out in quite marked contradistinction in my cases to the oral erotic complaint of being "crucified," or "dying." I do not believe that it is distinctly pathognomonic of the type of erotic panic, but I am sure that in my study of erotic panics the anal erotic and oral erotic individuals have quite different ways of



A. B. C.  
Fig. 41-B. Tensions of facial muscles to control eroticism.

A. Shows tensions of facial muscles at 16. No conflict apparent. Narcissism highly developed.

B. Shows strong incessant tensions of facial muscles indicating great difficulty in keeping himself unconscious of his sensuous lips. Age 23.

C. Two years later. Obsessed with oral eroticism he bit out the parts of his lips that had a sensuous significance. The biting occupied several days and occurred while in a desperate panic trying to get pure thoughts and eliminate the eroticism.

meeting their difficulties, and these methods, as symptoms, have a diagnostic value. When both forms of eroticism are present the distinction is not so clear.

Attention to this variation was first directed by Case PD-34, so-called paranoid dementia præcox, who repeatedly described his experiences of being made "unconscious" by secret powers, and then subjected to sodomy. During these states, his behavior, according to his history, was not unlike that of some epileptics when they become erotic.

### Summary

The *elimination* of an organ or function, or a craving, and the memories aroused by it, is always made in order to escape from a situation which is made intolerable by the existence of the craving. This craving, in itself, may be pleasant or unpleasant, *as an*

*illegitimate love or hatred.* A true *elimination* naturally can not be made. The individual only *represses* (forgets) the wish so that it can not make him conscious of its needs.

The *simulation* of an organ, function or object is made in order to gratify an irrepressible affective craving. It is usually not so malignant as the elimination mechanism, although, because of its eccentric nature, it may lead to the social ostracism of the individual; as the claims of undue prophetic powers or the simulation of pregnancy.

Because either mechanism may become the foundation of eccentric adjustments and ridicule, they are to be regarded seriously, and the individual needs assistance in order to make the necessary affective readjustment and obtain insight.

The surgeon, in particular, should train himself so as to have at least sufficient insight into these mechanisms to prevent being used for the castration of some repressed affective craving through the excision of some important organ. Many a surgeon has had to close a distended abdomen, which was complained of in a manner that indicated a distressing fibromatous uterus, but was in fact distended as a *simulation* of pregnancy.

The repression of an affective craving is *always* due to the *fear of the social consequences* of permitting the craving to seek gratification. The repression is made by coordinating all the jeopardized cravings of the ego for social esteem upon some substituted line of behavior in order to keep the repressed affect from causing the individual to become conscious of its needs. The substitution, for this reason, is usually seized upon reflexly and is largely made up of those things of which the individual was quite vividly and coincidentally conscious at the time the crisis occurred. For this reason an overemphasized physical lesion, such as an ulcer, a fracture or an organic inferiority, should be suspected by the psychopathologist to be the means of maintaining the repression of some unjustifiable affective craving such as love, fear, hate, shame, envy, avariciousness, etc.

Since there is no line of demarcation between the *psychoneuroses*, *compulsions* and *obsessions*, and the graver psychoses and dissociations of the personality, we may now consider the influence of repressed affections with *elimination* and *simulation* tendencies in the dissociations and regressions and eccentric compensations (psychoses).

## CHAPTER VIII

### MANIC-DEPRESSIVE PSYCHOSES AS BENIGN COMPENSATION OR REGRESSION NEUROSES, WITH OR WITHOUT DISSOCIATION OF PERSONALITY

#### **Elimination or Simulation for Wish-Fulfillment in Affective Crises**

Two general types of elimination mechanisms in the benign regression neuroses (depression psychoses) are to be recognized: those complicated *with anxiety* and those *without anxiety*.

The depressed individual suffers from inhibition of the autonomic-affective sources of energy, particularly love, so that his powers for work are reduced more or less below his usual capacity. This inhibition procedure, it seems, may be due (1) to ceaseless preoccupation of thought in order to control a perverse or asocial affective craving, or (2) to a subtle, regressive affective tendency toward the nursling's heaven, in which the covetous and competitive interests of the individual are renounced because of the hopeless nature of his conditioned infantile love cravings. This renunciation or abandonment of the struggle for virility must not be regarded as being due to some obscure inferiority or weakness, but rather to the inaccessible nature of the love-object for which the affective craving must struggle if it is to struggle at all; as, for example, an unresponsive or unfaithful love-object to discourage maturing and an infantile fixation upon the mother to pull back.

In both types, the resources of personal energy for earning a livelihood are much reduced. *In anxious depressions*, where the individual has plenty of energy, usually more than normal, the ability to do an ordinary day's work is reduced because the affect is striving for a fixed, decidedly different object, and the striving is very distressing in itself, because of its uncontrollableness.

The nature of these dissatisfied affections is extremely important. It may be a disguised craving for masturbation or unjustifiable sexual indulgence.

The anxious struggle for self-control is essentially *eliminative* in the sense that the individual strives to *castrate* or *eliminate* the persecutory affective craving from the personality. In the type without anxiety, by giving up the object, the genetic stimulant of potency is lost, and, according to the Ancient Greeks, when Cupid or Eros (Love) flies away, Psyche dies.



Fig. 42.—“Cupid and Psyche,” by Rodin. (By permission of Metropolitan Museum of Art, New York.) When love flies away the mind, that is, inspiration, dies. (Compare with “Eternal Spring,” Fig. 20.)

In the following case, it will be seen that the woman strove desperately to avoid becoming pregnant, because she thought a plot to impregnate her had been organized. It is hardly necessary to insist that no such absurd plot existed, or that she was not being mistreated. What then was the foundation for her belief that a plot to impregnate her existed? Her case shows that her sexual crav-

ings were demanding impregnation and, because the reality was unattainable, they created bodily sensations of such vividness that the patient felt and believed she was pregnant. Like Rodin's "Centauress," the prudish *ego* strove desperately to escape from the horrifying machinations of the erotic pelvis and eliminate its cravings from the personality.

Case MD-1 was a tall, slender, rather delicate, refined but prudish woman of fifty-two when she developed a grave anxiety state with obsessive feelings of being pregnant, destitute, and the subject of world-wide gossip. For years she had been a teacher



Fig. 43.—Posture of regression to intrauterine attitude, love is gone and life is not worth the struggle.

of physiology and nature study. Her menopause had occurred at fifty.

Two aunts, two first cousins and the son of a cousin were patients in an institution. Two sisters were neurotic, one finally committing suicide. The son of the latter is considered to be unreliable and had a "nervous breakdown."

The parents taught their children to religiously avoid everything pertaining to sex. Hence, the sexual interests of everyday life of other people were always horrifying to these gentle ladies. The atmosphere of their home was always very puritanical and everything was sacrificed for family pride, even though the family was at times almost destitute.

All the children had delicate physiques and little endurance. They were well educated and two of the three daughters taught school. The third daughter became the secretary of a business man.

When the patient was twenty-five she became engaged, although she was not strongly attached to the man. While the engagement was dragging along her younger sister returned home after a miserable year of married life. This sister's husband was known to have interests in other women, and she left him although she was six months pregnant.

The tragic situation of this "beautiful" younger sister was such that the patient broke her engagement and resolved to protect the unhappy girl and never marry. After the child was born, the sister obtained a divorce. She would accept no alimony and would not permit the father to contribute to the support of the child. They were living with the mother at the time, and the aversion of the three women for the child's father was very intense. The court unfortunately permitted him to see his son. To prevent him from touching the child, the grandmother always held him on her lap, and to make the situation doubly secure, they are said to have taught the child not to walk on the floor barefooted so that when his father called, the boy obediently sat on his grandmother's lap in his bare feet and would not go to the father.

The two sisters taught school and raised the boy according to their puritanical conceptions of propriety, with emphatic aversions for those fundamental cravings of nature, which had become grossly emphasized by the sister's misfortune. Affairs moved quite smoothly until the boy was about sixteen when the irrepressible father, who seems to have entertained no little aversion for his son's associations, threw the women into a panic by offering the boy a large sum in cash, a liberal education and an automobile if he would leave his mother. The temptation attracted the boy and in order to avoid it, the women took him into a distant state, where they sent him to college. The father followed the boy and the mother again changed his school. He failed as a student and developed a depression. His mother took him to a summer resort to hide him from the father and she herself developed a serious anxiety state. During her confusion she is reported to have misidentified her son as her husband. The attitude

of the son made it appear that he was inclined to accept his father's offers as soon as he became twenty-one. No inducement, moral suasion, or affective attachment of the two women, who had virtually sacrificed their lives for him, seemed to counterbalance his father's temptations. The mother solved the anxious situation for herself ten months after the depression, by taking gas.

The patient, who was at work and suddenly called home in the emergency, entered the room first and removed all direct evidence of suicide. The coroner's verdict of suicide was made despite her denial of any interference. She always maintained that she had not perjured her testimony, but probably the affair contributed quite an element to her obsessive feelings during the psychosis of having "told a lie."

A year later, the patient's nephew went into his father's office but continued to live with his two old maiden aunts. His tendency to return home at all hours of the night indicated an estrangement from puritanical morals. The patient, now a woman of fifty-two, persisted in her hope of holding him and never retired at night until the boy had gone to bed. Thus she made her silent prayer and protest night after night, but in vain.

The increasing anxiety, loss of sleep, decreasing efficiency as a teacher, and almost total lack of funds, finally produced a collapse a few months before the nephew became twenty-one. It was expected at the time that he would abandon his aunts when he became of age.

The patient's psychosis now developed rapidly. After a brief period of restlessness, insomnia and inability to teach, she seemed to become obsessed with the feeling that everything was lost, because her inability to think in the schoolroom would necessitate her resignation and her meagre funds would soon be exhausted. She asked to be sent to St. Elizabeths Hospital for treatment, but before she was removed from the home she made two attempts that indicated strong suicidal impulses. She had tried for several weeks to induce sleep by a large variety of old home methods, but without relief.

During the greater part of the stay at St. Elizabeths she was in a continuous anxiety state, the affective causes of which she succeeded in concealing for some time. She irritably complained of insomnia, restlessness, "brain-fag," "my head doesn't work," etc.

Her description of the onset of the psychosis revealed considerable insight. "I had not slept much and was walking around the house restlessly. All of a sudden there was a swish, as though a lot of people were rushing toward me, gathering in around me trying to cover me. I said, 'I have no clothes on.' I was frightened and resisted. This confusion of my mind began the evening before when I asked for something sharp. It is all rather hazy in my mind, but I remember repeating over and over: 'Scissors are not very sharp.' I was in that state of mind that I wouldn't get well, that I could never sleep, that I could never work again. *Nothing but bad thoughts came to me, and scissors was all that was near me.*" She complained of a temporary "change of speech" and inability to address her pupils which, however, was probably a functional disturbance, since no organic lesions were ever manifested.

She gave the examining physician no insight into the "bad thoughts," and cleverly evaded giving any other information than that she was destitute and her life seemed hopeless. Her irritable resistance was quite typical of the anxious, self-critical individual. When a physician asked if anything worried her, she answered, "Yes, madame," and irritably added, "ask me what it is, please." Then she answered her own question with: "Lack of money." (This, obviously, was true in so far as it went, but was wholly insufficient, although she persisted in trying to make it the sole cause of worry.)

She said she had always been a "practical woman," "a good mixer," fond of people, and made friends with her sex freely, but encouraged no attentions from men. In the past ten years, besides her work as an advanced high school teacher of *nature study* and *physiology*, she taught a Sunday school class. In discussing her engagement, with a woman physician, she exhibited unusual embarrassment for a spinster of fifty-two. After her sister's misfortune, she literally mothered the unhappy girl and her child. Her description of this unfortunate sister revealed a deep sympathy for her.

Throughout the psychosis, when her attention could be held, she showed fair ability to perform intelligence tests, was always well oriented and had an excellent memory. Later, when she complained of confusion and inability to think, it was found to be relative to her failure to build up a defense for herself, to *hide* from herself her sexual cravings. She said, in answer to a ques-

tion about her failure to marry: "Must I tell you *that*? I know in work of this kind [psychiatric] it is necessary for you to ask such questions and there is often a physiological reason for a woman breaking as I did last Sunday morning, because she should have been married."

After she was admitted to St. Elizabeths Hospital she was agitated, anxious, wrung her hands, picked at the bed clothes, and held on to other people desperately. Her facial expression showed grave anxiety, as if she were under terrific tension, and her breathing was rapid and heavy. She said, spontaneously, "Oh! why did you do it? No one can help me. I must work it out, work it out—work it out—work it out—I must work out my own salvation. I've got to do something. I must work. Everyone is talking about me. There is nothing for me. My body is full of poison. I've got to get it out—soak it out."

She almost incessantly sought water "to soak" herself in, and cathartics to remove this "poison." When in the tub she made frantic efforts to *get her head under the water*. For several weeks, she also tried numerous schemes to escape, and her behavior suggested that something *in her surroundings terrified her*. The night following her admission, she dashed to a window and screamed to the physicians, "Everybody is dying, the whole world is poisoned." In her efforts to escape, she made numerous assaults upon nurses and patients.

Her intense anxiety increased until it became most grave, and her constant restlessness, general weakness, and great fear looked ominous. She seemed to feel that all conversation of the patients, every word and movement, had a secret meaning which was directed at her. "What do all these people mean?"—I don't know what *things mean*," etc., were phrases she anxiously repeated to everyone around her.

She refused to sleep alone in a room because she believed a man visited it at night, and to protect herself she tried innumerable ways of keeping awake.

She was literally swept off her feet by the sexual upheaval. This poor, dignified, puritanical lady stood aghast with anxiety and astonishment at herself. She could not reconcile herself to accept an attitude of irresponsibility for the strivings of nature, even though she was a teacher of nature study and physiology.

It was not difficult to understand why she thought everybody was talking about her and the people considered her to be an "immoral" woman. Nature did not stop here. Before long, she was observed to study her abdomen and complain of getting large. Then came the desperate appeal for help because she felt convinced that she was pregnant. She said she could feel it. (The erotic cravings were forcing a *simulation* or *imitation* of what was denied them, although at the same time she strove desperately to *eliminate* them from being a part of herself.)

For several weeks, she carried about with her sheets of paper covered with disconnected words and pencil drawings collected to prove that she had never had sexual intercourse, and that she could not be held responsible for her pregnancy, which she now regarded as absolutely real.

Her behavior was typical of the individual who is desperately trying to *hide a secret*. Daily, she anxiously asked the nurses and physicians *if she had talked in her sleep, or if she had said anything that she should not have said. If anyone happened to open a letter nearby, she begged to know its contents to make sure it was not about her.*

At almost every interview, she consumed a great amount of time demanding assurances that a woman who had passed her menopause and had never had sexual relations could not be pregnant. With it would come her insistence, however, that she must be pregnant, because of the peculiar abdominal sensations. She was sure she had been made the victim of an "experiment." Her fantasies about the nature of the experiment were varied, but the most persistent were those of "poisons" in the food and the "continuous bath."

At times, she asked: "What makes me have such fancies?" but no explanation was convincing. Neither could she understand the significance of her compulsion to make amorous advances to the physician, such as trying to touch his hands, get her cheek against his hand as it lay on the table, slap her abdomen, shift her body restlessly, smile, make flirtatious glances, etc. Although she tried to control herself by holding her hands behind her back and keeping herself in a rigid position in her chair, within a few moments she unconsciously would be making advances. The papers she carried contained numerous coitus and phallic symbols, such as little half-circles with arrowheads entering the convex

surface, and squares pierced by long, pointed cigar-shaped figures that originated from two circles, representing the testicles and penis. Under no circumstances would she discuss the general subject of the sexual life of woman, and stoutly maintained that, even though she was a teacher of physiology and nature study, she knew nothing of the sexual life "*of woman or anything!*"

I thought an opportunity had arisen when she referred to a "horrible woman" who had been admitted in a confused state a day or so after labor. But I was not ingenious enough to influence her resistance, perhaps because the erotic pressure was too severe. She usually said: "I don't care what they say, I have never had an experience, but I think I might have \* \* \* The continuous bath equalizes blood; there are two kinds of blood, long tedious wait, birth of a child and rearing of a child." Continuous meant "on and on and ON!"

The slightest variation in her clothing, food, walks, nurses, etc., were suspected of being signs of a plot.

Although brief periods of relaxation and playfulness occurred, the patient's anxiety about gossip and her pregnancy persisted with the same monotonous expressions. Two months after her admission, during an interview in which we were trying to unravel the causes of her persistent feelings of having told a "lie" and having had an "experience," she suddenly wanted to know whether or not her nephew was suspected of having had improper relations with her. Without waiting for an answer, she became frantic at the thought. This association increased her futile, innumerable efforts to gather facts to prove that she had never had a sexual experience. No persuasion or reason could shake the obsessive fears.

A most unfortunate but unavoidable situation now arose. She was summoned to court for the crime of being insane and the prospect of a legal inquiry into her sanity (moral record) drove the patient into a panic. Her persistent sensations of being pregnant were too real to permit her to consider the sensations and images as gratifying a wish. She had no way of proving that she had never had sexual intercourse and in despair she repeated to herself as she tried to study out a defense: "I don't think the person was in the room. There is where I got in the lie part. I can never prove it. I can never prove it. I don't want to go to court—I will have to go tomorrow and I can never prove it."

She would not permit me to see her notes because she was "trying to make things come out right." The effort to prove her morality now became twisted into trying to prove that she never said she had had sexual relations with her nephew, being obsessed with the feeling that she had admitted such interests.

She became very negativistic and resisted being fed, dressed or undressed, bathed or entertained, and yet begged for help to remove the "poison." Her attitude toward the patients and nurses gradually changed from that of a refined, polite woman to a combative Amazon who went about pulling women's hair, striking them in the face and spitting on them. Sometimes she would be sorry for her behavior and apologize because she could not control herself.

It was absolutely impossible, it may be repeated, because of her lifelong prudery, to persuade her to accept the sexual pressure as a natural part of herself. "Never!" was her answer. This was not a part of herself. It must be caused by poisons, experiments, etc. She found numerous plots being woven about her which, however, *she never systematized* (hence she is not to be regarded as a paranoiac). She seemed to lose her identity, asking, "Who am I? What do all these people mean? What do all these signs mean?" (like putting fingers to the nose, rubbing hands, etc.). She asked in anxious astonishment if now she had to be "everybody," because she was two or three people. When she struck and spit on women, it made her feel that she was a man. (The spitting on women was associated with her striking them and probably symbolized the male's emission. (This bisexual state probably was also expressed in the feeling that she was "everybody."))

About the sixth month after the onset of the illness, she tried to "represent" everybody and everything as if she were responsible for the universe. She retained enough judgment to realize the absurdity of this, but affective cravings compelled her to go on, and she often became aware of herself trying to "represent" people, colors, objects, etc., and work out "meanings" of everything she heard or saw. She fairly shouted, "I can't explain two people coming in at once [as two people passed her in the hall] and you think I know those things and I don't, because I have had *no experience in that line*. [Sexual significance of two people passing through a doorway.] I never could do anything with numbers.

Nobody wants numbers and *numbers* and *NUMBERS!* Go on, forever and ever, continuous bath!"

She had now become God of everything. With horror, she said: "They say I said I had fifty babies, and [indignantly] I never had *one*. *I don't represent the world!* If I could just get that out of my head. One of these people said that I had to be every animal in the world." (The fantasy of being every animal, then going a step further and acting it out, is due to the vigor of the erotic wish and its polymorphous striving for gratification.) She frequently and spontaneously tried to disprove that she "knew" everybody, or was "greater than God." (The conflict

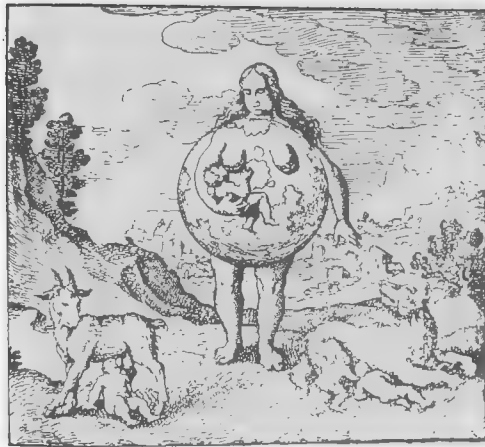


Fig. 44.—Mother earth as Madonna; goat nursing Herecules; and she-wolf nursing Remus and Romulus. (From "Ancient Pharmacy," by Hermann Peters.)

between the *ego*, the socialized cravings to be estimable, and the perverse segmental pelvic compulsion is well illustrated by her attitude.)

By the eighth month, this tendency had changed into quite a manic type of craving for unlimited potency, and yet she wept at her impulsive vulgarity and profanity—an interesting contrast to the perfect manic who abandons herself to the erotic flight with pleasure. The fifty years of puritanical training and refinement could not yield so lightly to the erotic flight (showing the influence of associates in the conflict).

She rubbed and picked her skin like the autoerotic patient, but denied masturbation. During the erotic period I observed her to

grab her finger and, unmistakably, make the masturbatory movements of the male, without apparently being aware of it. At the time, she was talking to me about her inability to understand the meaning of things. (The resistance to understanding "the meaning" always indicates a defense to keep from recognizing certain attributes of the *repressed* wishes.)

The tenth month after her admission, she was discharged upon the request of her sister, and, several months later, was reported to have recovered and resumed her work. She never gained sufficient insight into her condition, but apparently adjusted, as such cases usually do, upon the subsidence of the erotic pressure.

The sexual upheaval seems to have developed as a desperate affective struggle to keep her own and her sister's life work intact. The fancied pregnancy with "long, tedious wait, birth of a child and rearing of a child" was, it seems, a compensating measure for the restoration of the deserting boy for which the family had been sacrificed. During the latter part of her psychosis, the nephew became twenty-one and joined his father but retained considerable interest in his aunts, and this enabled the patient to become reconciled to his necessities. Some information was obtained about a year after she had resumed her work as a teacher, which indicated that the sexual pressure had not completely subsided and her ability to work was not up to the old standard.

This refined, prudish woman's frantic anxiety was due to her compulsion to escape the influence of her sexual cravings which had become highly aroused at fifty-two. Her psychosis was decidedly characterized by efforts to *eliminate* the affective craving. This type of case contrasts definitely with that manic type which has similar affective (sexual) cravings, but abandons itself to the glories of the erotic flight. A series of these cases is presented later.

*The symptoms of the anxious erotic state, such as scratching, picking, rubbing skin areas, pulling out threads, hair and bits of skin, rubbing sputum into the skin, hair, clothing or furniture, and sometimes eating it again, seem to be caused by autoerotic self-impregnation cravings as is demonstrated by the following cases.*

Case MD-2 was a slender, delicate little woman of forty-two, admitted because of anxiety and depression intensified by hallucinations.

Her father's sister was "nervous," and her married brother committed suicide after years of alcoholism and brooding. His wife was insane.

The patient was a timid, shy, undersized child. She learned easily at school and later became a capable dressmaker.

She had scarlet fever and typhoid without apparent complications. Upon her admission she had a rectovaginal fistula.

When three years old, she reacted with undue terror to a small boy who teased her with a mask. She was found several hours later asleep behind a barrel where she had hidden.

Because of her smallness and timidity people humored and petted her, and according to her estimation of herself she became whimsical and selfish. After several years as a stenographer she became a dressmaker, which was her occupation until her illness. As a young woman, she was pretty and enjoyed the admiration of men, but she was too timid. She was not asked to marry until thirty-six, and this offer came from an intimate friend of her brother. The friendliness of her brother for the man apparently gave her enough assurance to make love.

During the engagement, she was induced to visit an assignation house several times. Later, her fiancé abruptly broke the engagement, left the community, and married. The patient apparently adjusted to this distressing shock, but became very seclusive, rarely indulging in social functions, and devoted most of her time to sewing and supporting her mother. The mother became a burden; suffered from a malignant condition of the lungs which finally terminated in a fatal hemorrhage. The patient was present at the time, and the experience contributed materially to her psychosis. Because of her mother's age and feebleness, the patient was forced to devote herself to her care and repress her own cravings for masculine affection and maternity.

After her mother's death, she gave up housekeeping and became an itinerant dressmaker. Her friends regarded her as "neurasthenic" and "nervous." She complained freely of numerous bodily discomforts, and finally resorted to "electrical treatment." About this time, she happened to see her old fiancé and talked about his coming back to induce her to renew the engagement.

Her moroseness, brooding and anxiety gradually increased

after this, until the mood seemed to reach a climax two years later in a well-defined struggle against strong erotic cravings. Most of the period of anxiety was spent in St. Elizabeths Hospital.

She was sent here because she cried and worried about herself, complained of "burning up inside," (a common expression of feeling erotic), and being choked by accumulations of froth in her throat. At the time of her admission, menstruation occurred every two or three weeks, lasting four to five days, accompanied by slight pelvic pains.

When admitted, she was in accurate touch with everything, and had considerable insight into her condition. Later, she became suspicious of certain women, but was never confused or stupid. Her hallucinations became so vivid that she treated them with the utmost seriousness as reality.

She complained that her "nerves were all to pieces," and, although she could think clearly, she was under a continuous "strain." "I just imagine someone *was* after me, but it is *only* my imagination." She complained of numerous disagreeable sensations; such as unpleasant odors, taste of carbolic acid in her mouth, electricity passing through her body, "quivering sensations" and feelings of "breaking apart," burning up inside, feelings of undue weakness, and stiffness in the back of the head and neck, sour stomach, etc.

She made friends readily and, because of her coyness, became a pet on the wards. Her behavior, in a general sense, for the three years following her admission, was a continuous anxious struggle with the erotic cravings.

Soon after she was admitted, she was obsessed with the desire to make a confession and, indiscriminately, asked people to listen to her because she wanted to convince them that she was "not bad." The pressure of persistent sexual cravings became apparent soon after her arrival, and her method of adjustment was an uncompromising battle to free herself from them.

"I have a secret to tell you. I know it will make me feel better to tell someone," she anxiously pleaded. "I have always been virtuous and have done much church work, so don't think I am bad. At the sanatorium, they treated me as though I wasn't moral, and this present trouble is the reaction to that treatment. [Here she confessed the nature of her relations with her fiancé.] Frequently, I have been under a terrible nervous tension, and,

when I was thirty-eight, it seemed unbearable, although I am innocent and good, I felt *that* [sexual cravings] had something to do with it, and I quit using a syringe." (Here was an indication of an autoerotic secret trend.)

Such confessions were made promiscuously with apparently no relief from the obsessive feelings that people considered her to be immoral. It became clear later that the cause of such persistent suspicion was due to her irrepressible eroticism. The desire to make confessions soon changed to reticence and a tendency to be seclusive and resistant. When taken to the dining room, she would become "too weak" and complain that she could not eat. She swallowed a portion of her dental plate in order "to die." Her facial muscles were tensely contracted and she seemed to be afraid of everybody. For weeks, she secluded herself in bed, and turned her face to the wall. Here, she would moan and mumble self-denunciations to herself. She passed through a tube-feeding stage at this time and, later, begged to be fed with a spoon, because she was too weak to feed herself. (Infantile regression.)

She sought attentions, and then became resistant when her requests were about to be attended to, as if she were afraid of herself or some ulterior motive. Occasionally, she surprised us by a queer, timid interest in the dresses of the women, usually saying something pleasant about them. Several months later, she complained that she had to wear the old clothing of the people and they wore her good dresses. About a year after her admission, auditory hallucinations became so vivid and persistent that they almost completely dominated her behavior (a complete dissociation of the personality had developed). She would never frankly discuss her hallucinations, but their significance may be inferred from the answers she would make to them. "You did not, you did not see me in there. [Replying to auditory hallucinations accusing her of having been somewhere.] I did, I did [shouts], I did not see the paper. [Groans.] They are trying to make me say [looks at me and groans] I was not any such thing. You know I was not. I was not a colored woman, I was not."

"Dr. Kempf, when did I ever meet you?" she begged pitifully. (Voices accused her of having had clandestine meetings with me as well as negroes, foreigners, etc., etc. When she was admitted to my office she resisted because she did not want to be alone in

a room with a man. *Such attitudes always reveal the nature of the struggling repressed affect.*)

"What are they trying to make me believe? What are they trying to make me do? I wasn't [gasps with astonishment and replies to the hallucinations angrily], I wasn't a spy. I was no such thing. I did no such thing, stop snoring. Oh, God! My conscience! They are trying to make me say I have been to places where I have not been." (Later, she said these "places" meant clandestine meetings with negroes, and living in negro houses.)

At this time, she was too much preoccupied with her hallucinations to pay attention to my questions. "Oh! If I could only prove—[wails] \* \* \* Three million people are saying [hesitates], they say I am doing wicked things. [Grits her teeth.] My father knows I am not doing—[does not finish]. This habit of not saying the last word was a characteristic persistently exhibited in her statements, showing a striking, perhaps prognostically significant, hesitancy about absolutely giving credence to the hallucinations.

Such little remarks as the following, occurring in an attitude of extreme anxiety, we thought, were flashes of insight, indicating that despite the long persistence of the eroticism, and its hallucinatory gratification, she would ultimately make a good recovery. She ceased wailing and groaning for a moment, and, looking up with a pleasant little smile, she said, "They say I am talking to the Devil." (Referring to me.)

She continued quiet for a moment, then suddenly again she began, "Oh! Oh! They are trying to make me say awful things. Oh—h! Colored people are trying to make me. Oh! Doctor! How can people throw the voice into me like that and make me say such things? Don't! Don't! Don't! let me say such things!" (Begging pitifully.) For hours at a time she would hold her lips together to keep from saying this something. (One woman patient on the ward has frequently thrust wire through her lips to join them together so that she could not be made to say things by "the voices." Another woman on one of my wards bit a hole through her lip by continually grasping and holding the lip with her teeth for several months in order to prevent the voices from making her speak. The latter woman made a social recovery.)

At times, the patient had brief rests from hallucinations and

usually would quickly become interested in her surroundings, ask intelligent questions and then, suddenly, again burst into crying and protesting about the voices. This condition has continued for a period of over four years and varied little, except in intensity, from one day to another.

*Details of her complaint are included here to illustrate that, in her case, the chronic picking of the skin was, in reality, an aborted form of masturbation, and the picking up of tiny bits of material and eating them was accompanied by impregnation fantasies.* She picked the skin and scales from her face, neck and scalp, arms, and hands, and continued this despite all efforts to prevent it, or to control herself, for over two years. "If I pick this ear [left], they say I will tell one story, and if I pick this ear [right], I tell another. Now [seriously], I am not such a fool. They say, 'Don't pick your ear with your left hand.' Why do they tell me it is wrong to pick my ear? Everybody does such things. I am not wicked. Do you see what they are saying now? They say I am in a room behind closed doors. [She was in the office with me. She almost continually picked at her ear, and frequently picked up little flakes, specks and threads and put them into her mouth. At times, the picking of threads became so persistent that she gradually destroyed her clothing.] *They say I did these things. I did not do any such thing. I never touch myself [masturbation]. Oh, God! I did no such thing.*" (Cried.) It should be recalled that she quit using a syringe because it might have meant something sexual, even though it was necessary because of the fistula.

In reference to the flakes of skin and small bits of clothing, etc., she asked the following question: "Why do they say that these are *prizes*? You know when I leave here those voices will say those flakes on the floor come off me. Everything in this building comes off me." The voices spoke of the little crusts from her scalp as being "*alive*." She would constantly eat them, and the relationship of the living specks probably had an intimate association with the talk she heard about having "1,000 children" and being "1,000 mothers," and "love caused all the troubles."

"Someone says they are going to put *flint* in what I eat. Gets you afire [passion]. I wish I could go where it is a cold climate for this kind of trouble. I don't think you ought to have heat for this kind of trouble." She often refused to sit on the chair because it passed "electricity" into her.

The heat of sexual passion, the burning of the body or of the ear, the picking of the ear and the eating of the living flakes were all intimately associated with her intense eroticism and impregnation cravings.

"Oh, God! What do they make me say? [Wept bitterly.] They say I am colored and am like colored people." A negro did some janitor work about the house, and she hallucinated accusations of admitting him to her room. "They" called her "black," "colored," "nigger." "They" took her out of her room at night and exposed her to sexual indignities and "*put a gown on me and made me into a beast.*" (Centauress.) She was fearful of the colored patients who worked on the ward, and avoided them whenever possible.

She shouted a reply to the hallucinations: "No, I am not going into the tombs!" And then to me, wailing, and wringing her hands in despair: "They say I am going into the tombs! I never had such thoughts until that man came into my life. Everybody has come to him and put a claim onto me. God knows I am not a character like that." (Prostituted to every man, to become the mother of every thing.)

Two and one-half years after admission, she became wretched because the voices accused her of having caused (wished) the death of her mother because, at the time of her fatal hemorrhage, she did not try to save her, although she had removed the blood-clot from her mother's mouth in order to prevent strangulation.

Her resistance was usually given expression in the following manner:

"I never had such thoughts, and can not understand why I must say them now." Gradually, however, she was induced to say them despite the horror and anxiety they caused, and this seemed to lessen the tension (Cases HD-1, CD-8, CD-9). When she began to improve, she was given some old clothes to mend. Three years after admission, she objected, saying that she should not be given dirty old clothing to mend when they were trying to get her skin "nice and clean with the baths." (Her skin had gradually been permitted to heal, which was an indication of slowly waning autoeroticism.)

As the pressure of the eroticism decreases, her self-control increases, and at present (four years after her admission) she is decidedly more comfortable, neat, industrious, and often cheerful,

but not altogether free from the hallucinations. Her prognosis might be excellent if she were economically independent. Her



Fig. 45.—“La Pensée,” by Rodin. (By courtesy of Small, Maynard & Co.) This symbolizes the purity of the soul imprisoned in the body as the rock. (Compare with “The Centauress,” by Rodin, Fig. 46.)

psychosis may be regarded as an erotic gratification, with the erotic craving dissociated and disowned by the *ego*.

*The autoerotic significance of the chronic, compulsive skin picking and rubbing is even more definitely shown in the following case.*

Case MD-3 was an unmarried woman, thirty-six years of age, who was never able to devote herself seriously to any endeavor because of her unhappy family relations. She has been in an ex-



Fig. 46.—“The Centauress,” by Rodin. Showing the personality struggling in despair to escape from the bestial sexuality of the pelvis. This anguish is typical of unpreventable masturbation in growing and adult males and females. (The pelvis is also shown as bestial in von Stuck’s “Der Sphinx,” Fig. 27.)

treme state of anxiety, and has, for several months, because of her eroticism, been wailing and screaming for help, begging piteously to be saved from being locked in a room, or shut within a (fancied) stone wall. She tried incessantly to run away, and often smashed

the windows to make openings "in the walls" in order to feel more free. She would stand upon her toes and make rapid jumps into the air, trying to escape from the rising forces that she felt were engulfing her. She begged to be transferred to the second floor "because it was higher up" (again the striving "centauress"). See Fig. 46.

Throughout the first year, she bored holes into her scalp with her finger. At times, in erotic desperation, she used the rounded ends of hair pins, etc. Her facial expression, because of the peculiarly contracted muscles reminded one of the contortions aroused by the strong scratching or rubbing of an intensely itching patch of skin. On one occasion, when this boring of holes into her scalp, with a rotary motion of her finger, became so intense that she had to be put to bed to control her, she became frenzied with eroticism.

Another woman, who had rubbed all the hair from her scalp so that she was perfectly bald, occupied a bed in the same ward. The patient forced herself into this woman's bed calling her a "man," and it was with difficulty that she was removed. Then she began an unusually unbridled, vicious attack upon her own genitalia, masturbating without restraint and regardless of all the women on the ward; stuffing pieces of cloth, and other things, into her vagina.

The association of skin picking and masturbation cravings was here clearly shown and we have come, upon further investigation, to regard undue skin or scalp rubbing and picking as symptomatic of autoeroticism.

The erotic beast that was pulling her down to the perdition of the fiery pelvis ("the bowl of hell") has incessantly clung to her for two years. Her strivings to get above it probably determined the scratching (masturbation) to become shifted as high as possible (the top of the head), a compromise between the erotic craving and the desperate compensatory defense to be saved by the transfer upward.

In her compensatory fancies now, she is "the purest girl in the world," and says she lives in heaven among the clouds, far above the "wicked world," and is "destined for brighter skies."

The impulsive smashing out of windows was a wild effort to free herself from suffocating, restricting sensations as she became engulfed by the rising tide of eroticism. (See Michelangelo's

“Captive” and Rodin’s “Centauress.”) She pleaded to be saved from the walls that were closing in upon her, and smashing the window was an impulsive effort to break through those walls.



Fig. 47.—“A Captive,” by Michelangelo. (By courtesy of Small, Maynard & Co.) Similar in theme to “The Centauress” (Fig. 46) and “La Pensée” (Fig. 45), by Rodin. This theme portrays humanity as hopelessly captive to the primitive and inhuman ancestry from which it has arisen.

Michelangelo's "Captive," Fig. 47, is bound tightly about the chest, and behind him, at his feet, crouches a hideous dog-ape, his erotic self. Rodin's "Centauress" tries to free herself from the pelvis like the "purest girl in the world" who can not actually get free from her autoeroticism.

The significance of rubbing the sputum in the hair, which is a common compulsion associated with anxiety, was definitely illustrated by an erotic young woman who grabbed at a physician's genitalia, then spit into her hand and rubbed it into her hair in almost one movement; also by many oral erotic men who spit incessantly about the wards, feeling that the mouth contains semen from a secret assault. (See also Case PD-17 using the sputum as semen.)

*The persistence of the autoerotic tendency after maturity seems to be caused largely by the suppressive influence of another personality who, as the resistance, prevents the love-affect from asserting itself freely in competition for the affections of a love object while the personality is growing up.*

Case MD-1 became greatly relieved from the autoerotic pressure of her love as soon as her nephew's attitude assured her that he, her love-object, was not going to forsake her entirely. It is a common experience in psychoanalysis that as an altruistic transference becomes established the patient's erotic affect becomes diverted to winning the esteem of the analyst—the love object—through creative work, thereby escaping masturbation. Cases AN-3 and HD-1 show more distinctly the mechanism of the affective cravings following an autoerotic course in which the exogenous resistances to winning a love-object are accepted as insurmountable, and yet, also show how the affect tends to abandon the autoerotic course so soon as an encouraging avenue for heterosexual striving becomes again apparent through the establishment of a heterosexual *transference*.

Case MD-4 is presented because it illustrates how the exogenous resistances may become permanently insurmountable. The world offers not the slightest enticement for this patient to struggle with it again; hence the affective craving reverts to the autoerotic course in which she becomes her own love-object and remains fixed, showing no perceptible change in its activity for an indefinite period. (Now nine years.)

Case MD-4 is that of a patient characterized by a chronic state of anxiety because of auto- and oral-eroticism.

This patient's paternal grandmother was considered to be insane because of her temper. Her maternal grandmother's half-sister was insane; her mother's second cousin killed himself, and his wife and her mother had "suicidal melancholia." The patient had one sister who was an opium habitué, a brother who was an alcoholic, and another brother who was very "nervous."

The patient learned to give herself sexual pleasure when nine years of age by sitting on the edge of the chair in school. She was considered to be a bright, affectionate girl by her friends. At twenty, she became engaged, her engagement lasting five years, during which time she yielded to her fiancé's sexual advances. She earned a living by doing office and house work. For social and religious pleasure she sang in a church choir. She said she never married but lived a "double life." She did not consider herself to be a prostitute, but was unable to resist the temptations of men.

At thirty-nine, she was sent to St. Elizabeths Hospital because of an anxiety state. Upon admission, her symptoms convinced her physicians that she was pregnant, and full preparations were made for the labor. In due course of time, the symptoms of pregnancy proved to be wish-fulfilling simulations. After a year or so of anxiety and sexual worries she was discharged as recovered.

At fifty-three, she was readmitted, because of a chronic anxiety state. Her mental capacities were never impaired except for prolonged, consistent coordinations of attention. She was unable to keep quiet or relax, and usually paced the floor, wrung her hands, and bemoaned her troubles as follows: "Oh! Fate! Fate! O, God! Take me! This isn't making me any better! I have got to go back to the same old thing!—walking up and down the ward! I can't sit here any longer! I'd like to have the courage to kill myself!—but I haven't! I'd rather get well than die! But if I can't get well, I can't stand this misery! I have been begging and pleading with them to explain what has happened to me! And why this trouble came over me! Oh, God! I am the sickest patient in the world! I am the *worst* patient in the world!"

She worried because her salivary secretions were "dried up" and her menstrual functions had ceased, which, she insisted, was caused by the mercury she had taken in the form of calomel. She

complained of not being able to taste food or drink, and that she had an indescribable sensation in her throat which made her desperate and could not be relieved. She shouted profane and obscene phrases at the top of her voice to get relief, she said, from this sensation.

About eight months after her admission, she complained bitterly of having *two balls of hair in her throat*. She said she rolled up strands of her own hair and swallowed the balls in order to kill herself, but they would not go down. She insists that they are sticking in her throat and must be removed even though it necessitates cutting her throat. Careful laryngeal examinations did not change her complaint, and she could not be dissuaded from this conviction.

This incessant anxiety, including the biting of her finger nails, restless pacing, profanity, and chronic complaints about her miserableness, the dried up secretions and itching throat have continued for nine years, up to the present time.

When fifty-seven, I made the following observations: She complained almost constantly about the two balls of hair in her throat, frequently palpated an enlarged submaxillary gland, which, she said, was one of the balls, and wanted to have her throat cut or an operation performed to remove it. She begged to be relieved of the distressing sensations in her throat, and seemed to think that it had something to do with the dual life she had lived. She spontaneously added that she was sure her troubles could not be caused by sexual cravings, because she had passed her menopause. Then she further added that she was in the habit of masturbating twice nightly "to let the nervousness out" so that she could sleep.

She also brought up her past sexual life and her inability to resist the temptations of men, adding that, when her menses stopped (menopause), she felt certain that she was pregnant and made elaborate preparations for a child (simulation).

The discussion of the above experience, including her regard for herself as a dual personality, was followed by explanations of the throat trouble. She said she couldn't control herself and felt compelled to scream her denunciations of God, and wanted to know why she shouted: "If I had it I would bite it off!" In the same hoarse, wailing tone of voice, she followed by saying that she swallowed pins, nails, glass, sticks, hair, "*anything!*" The morning of the interview, she swallowed a large screw and broke up

curtain sticks swallowing the splinters. She did these things, she said, in order to kill herself; and tried to make herself "crazy," since, "Crazy people are happy because they do not know anything."

Her chronic masturbation is utterly uncontrollable, and the degree of anxiety gives some measure of her inability to cope with the situation. The oral cravings are clearly explained in the phrase: "If I had it I would bite it off," and the swallowing of hair-balls, sticks, pins, screws, and many other things are compulsions to satisfy the craving with substitutes; the two hair-balls, having an oral self-impregnation value.

A similar mechanism of oral impregnation is shown by the case of a man about thirty-five years of age who had a history that very strongly indicated oral erotic homosexual practices in the past and complained that a swollen submaxillary gland was a testicle put into his throat by the secret religious societies that persecuted him.

### Discussion

In the states of anxiety presented above the individuals of both sexes tried to *eliminate* the erotic affective cravings, which, despite their desperate struggles to control them, produced sensory disturbances that *simulated* the desired object and tended to satisfy the craving. That this mechanism of *simulation* occurs in the dream, delusion, hallucination and fantasy will become evident as other cases are presented.

The prognosis of anxiety states, due to repressed autoerotic cravings, is very good as a rule, if the individual's personal interests and economic resources are sufficient to assure him of a reasonably attractive living, otherwise the resistances may be too great for the autoerotic personality to overcome, as in the protracted case, MD-4.

*The autoerotic cravings seem to be enormously reduced when an altruistic transference is established between the patient and someone who represents a high degree of social-moral integrity, particularly a physician or minister.*

In the treatment of such cases, the individual's previous record as a worker or day-dreamer should be clearly estimated, because, in proportion as he was previously inclined to obtain happiness through work, the prognosis is good.

The nature of the resistance and the eroticism is to be given the utmost importance in estimating the degree of malignancy of the affective craving. The more it is bound up with other affective ties, such as esthetic and nutritional interests (beautiful mother), the more difficult it becomes for the individual to free himself. When the object of the autoerotic fancies is the father or mother, they are, as a rule, much more difficult to readjust than when they are attached to a sister or brother, and are still easier to readjust if the fixation is upon a stranger or friend. The patient always suffers pain when the love-object has to be unconditionally abandoned, and quite serious depressions may follow until an adequate altruistic and esthetic, as well as attractive creative interest, is established. The degree of shock to be expected from abandoning the love-object is to be measured by its value to the personality, *i. e.*, whether it is perverse in its attributes or not. It seems that a sexual object that deserves a halo because of its exquisite, intrinsic worth, is far easier to sublimate than one that is associated with grewsome, disquieting memories, because an inherently beautiful sexual object contains inherently also the wish that the winner of its affections shall become beautiful. Therefore, the lover, rather than endure the pain of unconditional resignation of his interests, willingly strives to live so as to become superior in a field of work which may yet be conducive to winning the esteem of the love-object.

### Depression Without Anxiety

Another entirely different type of depression occurs, often as the sequel to the abandoned, erotic flight. These cases are essentially different from the restless, anxious, agitated, striving types in the attributes of being almost motionless, mute, retarded, indifferent, dreamy; they must be clothed, nursed, cleansed and fed. This is essentially a more or less complete affective regression to the intrauterine level, in that the affective cravings of the individual have lost all acquisitive interests in the affairs of everyday life. Such conditions can be diagnosed almost on sight. The degree of regression may vary to any infantile level in the same individual at different times.

Case MD-5, that of a kindergarten teacher, was an excellent example of affective regression following an erotic flight with fancies about her father and brother.

Her father and an aunt were insane.

She was a badly spoiled, willful, stubborn child, and had many of the self-secluding attributes of the secretly autoerotic personality. At eighteen, she had a "love affair," and reacted to its disappointments with a psychosis that lasted six months (manic-depressive).

At twenty-three, the second psychosis occurred, lasting nine months (manic-depressive).

At twenty-eight, the third psychosis lasted one year (manic-depressive).

At thirty-three, the fourth psychosis lasted two years and six months (manic-depressive).

At thirty-nine, the fifth psychosis lasted three years and six months (manic-depressive).

At forty-six, the sixth psychosis lasted two years. During this psychosis I observed her behavior throughout the erotic striving (manic phase) and the affective regression to an infantile state (depressed phase). That she was in an extremely erotic state during the first seven months was very obvious from her behavior. She was incessantly active, trying to bring some event about, dressed and undressed herself repeatedly, and was fond of exhibiting herself. She talked a great deal about love, heard "false voices" call her "baby dear," and suddenly attacked a male physician to show him that she was "innocent." She said his eyes made her feel excited. She misidentified the woman physician as a man when she examined the patient's heart, and accused the woman physician of making her feel "passionate." Masons tried to initiate her into a secret. She insisted that she was "innocent and pure minded" and ignorant of all sexual things. (Secrets of the initiation.)

Her father, she said, was the "holiest man on earth" (God), although he had been "very passionate and cruel" to her mother. "I never look into the eyes of a man; but a woman, that is different." She claimed that she was her brother's wife and the mother of his child, and denounced her sister-in-law for being a usurper.

After seven months, she became depressed, retarded in thought, disinterested, mute, had to be clothed and fed, and usually sat on a radiator cover in the toilet, where, with her head to one side, she would whisper incessantly to herself but would an-

swer no questions. Quite characteristically, she held some little object in her hand and sat, mute, dreaming, indifferent. We seemed unable to change this affective state for eleven months. Then she developed pneumonia, and following the crisis, began to show an interest in her treatment. She recovered rapidly and after a week or so of rather hyperactive interests became "normal," making her usual adjustment. She would not discuss her personal problems and was discharged as "recovered." No doubt she will again have periods of uncontrollable eroticism.\*

During the depressed state, she decidedly renounced all but the most infantile interests in life, and seems to have made a complete submission to the mother, becoming wholly dependent (infantile) upon her; whereas, during the erotic state, her behavior and stream of talk showed that her fantastic amours were woven about her "holy" father and brother, becoming her mother's rival. *The persistent craving to hold some little object in the hand, such as food, bread (bread of life), a box, ad infinitum, usually means that the hand symbolizes the uterus.* (See Rodin's "Hand of God," as the power that makes the world and life; and also Case P-1—perpetual motion machine.)

In order to emphasize that this type of depression, which is simply and essentially an affective regression, and is not at all like the anxiety-depression which is due to intolerable eroticism, the following case is included.

Case MD-6 was a bright, interesting, impulsive sailor of seventeen who was admitted to St. Elizabeths Hospital three weeks after his enlistment in the navy.

His mother, an unusually beautiful, girlish, animated woman, married at eighteen, a man twenty years older. The patient was her only son, and early showed his heroic attachment to his beautiful, unhappy mother. His father was lethargic, submissive, impotent, unambitious and, after several years of indifference and neglect, the boy's parents separated. In school he was an indifferent pupil because of the distractions caused by his discontented parents. Soon after adolescence he insisted upon leaving school and earning a livelihood for his mother. As a child he strove to relieve the distresses of his mother by immediately becoming a man without waiting for the training and growth neces-

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\*One year later this patient was readmitted in a very erotic condition.

sary to make manhood possible. Because of his premature manly attitude and "big" claims, his lack of preparation (inferiorities) exposed him to merciless teasing from his playmates.

He had all the acquisitive interests of the average healthy



Fig. 48.—"The Hand of God," by Rodin. Insert at top of picture shows "The Birth of the Greek Vase," by Rodin. (By permission of the Metropolitan Museum of Art, New York.) Both themes use other parts of the body to symbolize the uterus and uterine labor. (Compare to "Perpetual Motion," Fig. 51.)

boy, but was decidedly overburdened with his aspiration to become his mother's hero and protector.

The first quite serious depression followed the defeat of an

athletic team for which he was manager. He soon readjusted and enlisted in the navy. His illy substantiated braggadocio, which compensated for the inferior attributes that retarded the realization of his heroic ambition, exposed him to numerous challenges from the other young aspiring heroes and, instead of admitting his deficiencies, he battled stoutly for all his claims until a dramatic climax occurred. About a week after his enlistment his mother happened to step into the training quarters while he was being surrounded for a hazing. He broke down for a moment and, like the fable of the Libyan Antæus in the grasp of Hercules, sought his mother's support. She, however, chided him to take his defeat like a man. He seemed to react with keen disappointment in himself. Within a few days he overcompensated and claimed to be the most expert fighter, sailor, tree-surgeon, organizer, and champion in the world, challenging everybody to contests. He rapidly developed and expanded into a hero of unlimited accomplishments, sought fights, destroyed things in order to remake them (*a confused effort to overcome a resistance*), became an inventor, was noisy, incessantly active and difficult to control. In this compensatory striving he elevated his family to distinguished social heights, his father significantly becoming Jesse James, the robber, and he becoming the pugilists, Jeffries and Jack Johnson. He damned and challenged everybody in his overly compensated struggle against his inferiorities. During this period he masturbated heedlessly and was inclined to expose himself. He did not, however, pass into the extreme manic state.

This compensatory striving lasted about six months. Gradually he quieted down and, by the eighth month, had subsided into a retarded, disinterested attitude, feeling "sad" and regarding himself to be friendless and neglected (the renunciation of becoming his mother's hero had begun).

He secluded himself, showed no interest in anyone, and was utterly indifferent to his mother's visits and conciliatory appeal to make a man of himself. He became very *fat*, *slept* most of the time and could not be induced to talk. He, however, attended to his personal needs.

By the twelfth month he began slowly to resume some interest in the world, and by the fourteenth month had again developed a "normal" interest. His discharge as "recovered" occurred dur-

ing the sixteenth month. He never lost contact with his environment and apparently never was hallucinated.

One year later (age nineteen) he was readmitted because he was unable to work, felt dull, had headaches and felt no love for anything. He had tried several positions but was unable to become interested in any of them. When readmitted he explained that his grandmother could not take care of him and his mother had to be away from home because of her work. For three months he remained indifferent, seclusive, unresponsive, and spent most of his time lying about on settees. This time he was more *sullen* and inclined to brood, whereas in his previous depression he was decidedly *sad*. His attitude indicated that he was suspicious and perhaps had auditory, accusatory hallucinations.

By the fourth month he was more willing to work and his affective readjustment progressed without intermission. One year after his readmission he was again discharged because his work and general attitude seemed to warrant giving him serious responsibilities.

This boy's acquisitive interests and ambitions are decidedly guided by the "love" attachment to his mother. She has become an efficient, independent business woman, and tries to make him realize that his place in nature is to take care of himself and not his mother. He, however, is unable to free himself from the craving to become either his mother's hero and protector, or her nursing. His inaccessibility and tendency to keep his longing a secret make his affective difficulties very serious.

### **The Mechanism of the Manic-Erotic Flight**

It seems, and this conception is very helpful in understanding the behavior of the *happy* type of manic adjustment, that in the manic (erotic) flight the individual enjoys the unrestrained delights of a divine amour with the heavenly love-object of infancy. (Daughter-father and son-mother.) When the wish for this love-object is renounced as shameful and incestuous, the individual deprives himself of the chief source of stimulating energy and inspiration for sublimation. The affective attachment to the mother, *when sublimated*, drives him on to become virile and good in order to create in maturity situations and images which will gratify the childhood love. When this wish is renounced or betrayed, life

becoming an onerous burden, the affections tend to regress to the state of dependence upon the mother which existed before the weaning or even before the parturition.

The following cases of divine rapport and erotic flight with the father's image are presented to illustrate this mechanism more definitely. The symptoms of this affective state are typical.

The affective craving (erotic) often transcends all resistances, in a sudden manic flight, when some failure that discourages the struggle for social esteem occurs and weakens the restraining wishes of the personality. The individual quits the struggle of refining the erotic cravings and, with unrestrained expressions of delight, abandons himself to the affective flood and the orgy of fancies and wild, weird self-indulgence.

Case MD-7 was a patient who, during the first three months of her psychosis, abandoned herself to an almost continuous stream of vivid auditory, visual, olfactory, tactile, and kinesthetic sensory disturbances which were so vivid as to be accepted as reality (commonly called hallucinations). Her delusions, hallucinations and dreams, because of their content, were evidently produced by the same affective cravings. She was unable to resist a compulsion to be incessantly active in her talk and movements, doing innumerable things in rapid succession. She was married, twenty-eight years of age, large, well developed, and in excellent physical condition. Other than her lactating breasts from nursing a fourteen-months' old child, her physical examination was negative.

Her family history indicates probable neuropathic determinants. Her paternal grandmother died at forty with convulsions during labor. Her sister had convulsions during her last period of childbirth. Her father was inclined to alcoholism.

The patient is the oldest of six children. She enjoyed excellent health during her childhood, entered school at six, learned easily, and finished the eighth grade with her class. She was bright, and apparently always happy, with the exception of times when she worried about her father's alcoholism and tried to reform him. She always delighted in considering herself to be her father's favorite, even preceding her mother.

After her school years she worked as a clerk, spending most of this money for clothes and amusements. She says she had many "sweethearts," which is probably true, because of her loquacious personality and good appearance.

At nineteen, she married an unskilled workman of twenty-five. Despite the fact that she had a quite comfortable home, was very fond of her social life, desired good clothes, entertainment, and a married life that would enable her to continue her habits of living, she married a man whom, for a long period, she did not admire and was never quite sure that she loved. Her mother discouraged the marriage because the man was an unambitious, unskilled workman. The patient said she realized this and hesitated for some time, but finally her desires became too strong and she preferred to overlook his deficiencies. She thought perhaps she loved him anyway "and would help him to succeed." Also: "He was a man who would not become interested in other women," and one whom she "could control." The latter wishes were probably, unconsciously, very important determinants of her selection, reflecting her difficulties with her own sexual tendencies.

The first two pregnancies resulted in miscarriages. Five years after marriage, her first child was born. The second child, which she nursed for fourteen months, until her psychosis, was born three years later.

Unfortunately, both husband and wife were uninstructed in sex hygiene. Their sexual desires were uncontrolled and, after the first two years of nightly intercourse, her husband's powers failed. This occurred gradually and insidiously. The first two congenial years were succeeded by disappointment, irritability and unrest. The patient could not be satisfied with the houses she lived in, and moved frequently, trying one type of house after another to find a comfortable home (symptomatic of the unsatisfactory husband). She finally openly expressed suspicion of her husband's fidelity, because of his impotence which she attributed to indifference. She tried to obtain evidence of his infidelity, but could not. Frequent quarrels occurred and she reacted with repugnance and hatred for him. She became proud, and sighed for "high ideals." The husband, she thought, recognized that she had "finer feelings" than he had. She talked about her sexual difficulties with her intimate friends who, she thought, encouraged her to find another man. She said that her "strong character prevented her from turning out bad"; besides, she "was afraid of venereal diseases." She felt that her husband was not good enough for her; that he was a failure, unambitious, lazy. She took a non-alcoholic proprietary remedy for "female trouble," but,

the day before her psychosis began, she took several doses of an alcoholic proprietary remedy.

This craving for sexual gratification, and her irritability and discontent with the now socially imposed unsatisfactory sexual object, increased, and not knowing how to prevent the excessive genesis of sexual cravings, her difficulties became serious.

During this period she frequently dreamed of being divorced. (That this wish prompted her reasoning and acts and much of the psychosis can be seen throughout her behavior.)

Four years before the psychosis she unknowingly moved next door to Mr. L— who had been a girlhood “sweetheart.” “He married after I married,” she often repeated to assure herself that he once wished to marry her. She looked for and found many “signs” that indicated a return of his old love for her. She convinced herself that his wife was weak like her husband, and that this man was discontented and desired a separation.

She found many trivial reasons for having him in her house. He was a plumber. She thought *the stove was not suitably placed in the kitchen and wished to have it transferred into the dining-room*. Although her husband had previously set up the stove, she wished to have it done better. She wished Mr. L— to set it up. It is also interesting that she encouraged Mr. L— to visit her, and, upon one occasion, *gave him some lily bulbs* (pure love). She found many excuses for calling at his store, but, just previous to the psychosis, he renounced all interest in her.\*

The affective craving now quickly overcame the controlling *ego*. She charged her husband with infidelity, and wishing to kill her because of her secret guilt (projection as a defense). She accused him of openly being negligent, a poor provider, not bathing often enough, of not consulting a physician for his impotence, etc. She was convinced that she made a mistake when she married, just as Mr. L— had made one. She thought a satisfactory solution could be obtained through two divorces and a *rémarriage*.

Several days before the onset of her psychosis, she told her mother that Mr. L— “has conquered everything.” A day or so later, she showed her brother the meager food supply for the table and complained of starving. That afternoon, while she was playing the piano, she noticed a hearse and funeral passing the house

\*Two years later she admitted that L— was the father of her second child.

She exclaimed: "Oh, look! Jack [her husband] is dead!" Her brother stated that previous to this he thought her behavior normal. Following this incident she became very talkative and difficult to influence. That night, she lighted up the entire house and raised all the blinds so "everybody could look in." She wanted "everybody to see that nothing wrong was going on in her house." (That she had no secret wishes.)

Within a few hours she was in a tremendous erotic flight. The next day she was committed to the hospital.

A personality of this type may be thought of by some in a moralizing sense, but one does not see how it can be understood from any other than a biological viewpoint. The patient had an uncontrollable tendency to erotic fancies and erotic cravings which she did not realize the significance of nor understand how to control. Because of her inadequate outlet, she became the host of intense sexual cravings constantly tending to place her in an environmental situation which might permit their gratification. This was shown, (positively) both by wishing prostitution and finding the "signs" of discontent and desire in Mr. L—, remarriage, etc., and (negatively) by getting rid of the restricting, inhibiting influences, through the delusion of her husband's death, the divorce, and the dreams, and later the hallucination.

The same day that she was admitted to the hospital, she stood in the street and shouted to the neighbors that L— was her husband and the father of her second child. The reality of this fatherhood was later verified. Her ideas about the pseudo-marriage were wish-fulfilling.

When brought to the hospital, her sexual cravings dominated the personality. She was very talkative and happy, rejecting the unsatisfactory husband as "untrue," "a thief," "a tramp," "no good," "unclean," etc. She had learned this in the past seven (impotent) years, and now had to leave home "*to please God,*" and the hospital was like "*heaven.*" The positive expressions of the sexual cravings revealed themselves in the delusion or fantasy that she "was a bride because everybody treated her so nicely." "*It is God's Will, and God's Will must be done.*" She frequently shouted L—'s name, wanting him brought to her because he was the father of her child and her husband, etc. She persistently maintained that she would not remain in the hospital. If the nurse barred the windows, "Love will find a way."

For the next two months, she was unable to accommodate herself to her surroundings. She had great difficulty in following out the simple routine of the ward, could not endure the slightest inhibitions, and her threshold of consciousness for all the exteroceptors was so lowered that she constantly reacted to everything in her environment. She was subjected to an almost continuous stream of wish-fulfilling, vivid, olfactory, auditory, visual, tactile and kinesthetic sensory images (hallucinations), and compulsions to do what the voices said. "What makes this magnetism in my throat? It feels like it makes my lips move. I don't know what compels me to say things. It must be Satan. I say it must be witchcraft—my lips move and speak words that I do not think—are not—not—what I want to say. Now, that—that fullness comes in my throat. [Places fingers over larynx.] It wants to say things I don't mean." (Benign dissociation of the personality.)

She explained many of her sensations, muscular spasms of the throat and pains in the scalp, through claiming that magnetism, hypnotism and x-rays were tearing her brains out. "If they have me strung up on some mechanical thing that makes that—my father was a good mechanic—he was a good man. \* \* \* There are two sides to everything. There is a right side and a wrong." She referred to the persecutory, sexual, or wrong side as "they," and the right, defensive side as "my," "myself," the social self, which wished to do "right," "be honorable," "virtuous," as her pastor, religion, parents, friends, taught her to be. At times, she referred to the persecutions and compulsions as "they," or as her "inward emotions." (This case brought out the mechanism of the struggle of the *ego* with the uncontrollable cravings.)

The *ego* was in constant conflict with the deeper, more unmodified sexual cravings. The latter were continually forcing her to be conscious of sensory images which she tried to suppress, disown, or segregate as impersonal, etc. Whenever the patient and physician became *en rapport*, that is, when the physician was no longer an exogenous stimulus of the repressive social-moral cravings, the sexual cravings were permitted to seek satisfaction through the use of very transparent symbolism, and even this disguise would be flung aside before the patient seemed to be conscious of it. Then she usually reacted with embarrassment, apologies and pleas for assistance and self-understanding.

Because of her numerous psychomotor expressions during this period, only a brief review can be given here. Judging from the material which was analyzed, *every act, phrase of speech and dream during the entire period had a predetermined influence.* Such cases convince one that there is *no such thing as an undetermined, absurd, or nonsense expression in a psychosis.*

As the patient expressed herself, "I remember all that has happened since I came here in this building: Visions, dreams, pictures, love, sweethearts of the past, politics, religion, fraternities, health subjects, opinions of cleanliness, schooldays, music, studies of people, nations, United States, the government and its different branches, inventions, infringements, occupations, growth of children, etc."

"I feel as though I am writing for the motion picture authorities or theater managers. [Exhibition cravings. The biological value of exhibitionism during the mating season in animals is obvious.] I can not understand why this thought appears to me as if by some unknown source. Politics, faith, organizations, fraternal orders, music, pictures, beautiful scenery and lovely visions are continually coming before me." She frequently complained of posing for the "movies," and being on the stage. She said the Knights of Columbus—her former physician was a member—and the Masons showed her their secrets. She said that her father was a Mason, and seemed to have some very intimate relation with her. The secrets of the Knights of Columbus were about the birth of a child, and they would teach her "to get into a corner on the floor and put her head down like a child coming into the world." At the same time, she thought she was posing for a moving picture show. (*A secret society's persecutions or influences, when analyzed, seem, invariably, to mean ungratified cravings for exhibitionism, and the acquisition of sexual experiences.*)

Her visions, "moving pictures," were seen on the nearby buildings. Besides others, she saw a wedding ceremony visualizing herself being married to L—. Her husband was seen standing near, but he seemed to have been divorced. At other times, she saw herself being married to her physician, pastor, and "many old sweethearts." She often saw the images of the pastor, physician, President, father, brother, and others, in the form of portraits. They "smiled very sweetly" and she seemed to be mar-

ried to them. She said she had "visions of every young man I ever kept company with," and usually added, "They can not say I am not a virtuous girl." The pastor appeared to her and seemed to be proud of her goodness. She traveled in strange lands, Alaska, Australia, England, Germany, and others. The electric lights in the ceiling seemed to be the source of pictures and magnetic influences. She saw people in the light having sexual intercourse, and hid her head under the mattress. It made her angry and she scolded and fought at the visions, but could not avoid them. Shafts of light descended from the electric light and passed into her. She was sure that it was a form of sexual intercourse. One night "they produced an abortion" and she saw the "afterbirth in five pieces." She said that her mother had five girls and one boy. At another time, she gave birth to ten children.

Voices of "foreigners" shouted at her from the street. They called her "Violet," and threw white love powders through the window (vaginal symbol). "They had wonderful odors like the pines of Australia, menthol, chloroform, or olive oil" (common semen symbols), which made her sleepy. The voices would say: "Violet does not love me. Whom does she love? She has beautiful breasts. I said: 'Go away from me,' and would fight back at them." Her boy friends, she explained with pleasure, used to tell her that she had violet-blue eyes. "They" would hang up red lights on the building (sexual wishes), which made her angry and she would shout at them to take down the red lights, because they meant immorality, and hang up blue lights and white lights—blue for the truth and white for morality (social wishes), or, at least, hang up blue and white lights with the red (the compromise). Throughout the psychosis, its content was the product of the conflicting sexual cravings and socially conditioned controlling compensations.

She frequently remained nude, and was so destructive that nothing could be kept in her room except a mattress. Everything else she tore up and tried to *remake into something*. The mattress, she, at times, thought was a man to have sexual relations with. At other times, she called it a Masonic chart and, *while lying on it, would have love dreams about her father*. She shaped the "chart" into a bell, and called it the "Liberty Bell." She also tried to adjust it in the "tomb of the room," and "pushed

it up the hole," the register. Everything she could obtain she would push into the register, such as blankets, books, papers, etc., so that the people upstairs would get them. She complained that she had to work with great speed. This register she associated with her lover's work, and laughed explosively when she spoke of the register as a grave. This tomb (womb) was a symbol in her fancies like the window. She formed stars with the sheets and blankets, and "matched and compared blankets." Her father often called his children "his stars." She compared herself with her sisters—as her father's favorite.

During the period of eroticism her psychomotor expressions through speech, writing, and actions were extremely disconnected, and followed each other rapidly, showing symbolical, similarity, contiguity, and sound associations. She hoarded, with purpose, numbers of papers and débris "to remake," "create." She read religious magazines and the Bible, played hymns on the piano and sang, when permitted. She wrote numerous essays about "Barrooms and Red-light Districts," "The Struggle Between Virtue and Vice," "Right and Wrong and Their Victims," etc. *Her efforts at writing essays illustrated the psychotic's abortive attempts to keep suppressed the sexual cravings, keeping consciousness free of them through the process of projecting an attack upon the exogenous temptations of the sexual cravings, such as barrooms, red lights, prostitution, etc.*

Despite the confusing flood of irrelevant sensory images which the patient was conscious of, she was oriented for time, place and person, and seemed to realize that she was in an abnormal mental state (benign dissociation neurosis). Her memory for remote and recent events was excellent, and she was able to do the intelligence tests well. When she tried to calculate she had to take considerable time, and explained that it was due to her confusion.

A fragment of her stream of talk, which was taken by Dr. Anita Wilson, is presented, because what at first glance seems a senseless confusion of phrases, upon analysis reveals all the motives which caused the dissociation of the personality. The phrases which are particularly indicative are printed in italics.

Q. "What year is this?"

A. "This is leap year. Everything has a long tail with a comet to it. I have everything here and they belong to Dr. —. All those keys, they are all maniacs together. Your hair may be curly,

but it will be stiff when my father gets on the stand. The fathers and mothers will show the little kids something. Now don't leave my pastor out." (Parental secrets, childhood sexual curiosity.)

Q. "What month is it?"

A. "I think it is October. [Correct.] I don't know. *I only know the sun, moon and stars.* I never saw a *calendar*. I never saw *the time*. Keep them all. I don't care.

"My saviour comes to me through my dreams. King George gives them to me. I went up in a flying machine. He smiles at his girls. I can see him night and day. That's my husband, George."

Q. What is the day of the month?"

A. "I don't know. *Black lip, black tip, any old way.* This is all a silly mess."

Q. "What place is this?"

A. "I don't know. It is my husband's hospital or it will be. Someone pulled my hair. I could feel it. [Hallucinates. Looks at nurse.] Did you do it? Kill me if you want to. *He'll send a light down to the grave to warm me* from that light over there. (Probably referred to an electric light from which, at night, beams entered her body in simulation of sexual intercourse.)

"He loves me. There is my son, my man in the moon, he loves me. I am not a criminal. You are my sister. one of the sweetest I ever had. What I have done, I have done for love. I don't expect it in return. They will have to give it to me if they have to go to hell for it. *Red lights, blue lights, any old lights.*"

Q. "Are you happy or sad?"

A. "I am happy and sad. A combination. I am happier now that I have done my duty. I'll live forever and turn into a *whetstone*. Then I'll be crucified and the man will save me because he loves me. I am not ashamed."

Q. "Why were you brought here?"

A. "*To be a monkey, a baboon, anything you choose.*"

Q. "Were you ever like this before?"

A. "Oh, yes! Many times. They have tried to come between me and my luck and *the right hand and the left hand, above and behind*. It did make me worried before. I dealt with them according to law. You are one of them [laughs]. Preach for the war!"

Q. "Is there anything the matter with your mind?"

A. "No, my mind is as clear as crystal. They never thought I acted crazy. I noticed my husband acted queer. I tried to hide his misdemeanors and wrong acts. *I don't like to betray his secrets. I expected to redeem him.* [His impotence.] The pastor and the President are all my sweethearts [father-image], but my husband is not to go to Alaska, clothes, furs, wraps, money, right, right, left, left, between, between, travel, travel, follow, follow, follow."

Q. "Do you sleep well?"

A. "When I feel like it I sleep and when I wake I carry on hell! Everything belongs to me, this building and my room. He just keeps me here for himself" \* \* \* [Prostitution fantasy.]

"I never have a good sleep for I dream all the time. Last night I sat up all the night looking out of the window watching moving pictures. *They sent Dr. — to purgatory.* You are trying to get my Dr. — away from me, but it'll take more than *keys or string beans.*

"There was no vulgarity in any letters that were written to me. Everyone knows my history. There is nothing crooked about me, *but they picture all sorts of things* [sexual] *about me in these moving pictures.* They had me doing acrobatic [sexual] *stunts at the Bureau of Engraving* [where her father works]. He and George *too were shooting them for me. Both of them are Buddhists trying to infringe on other people's patents* \* \* \* ."

Q. "Does everyone treat you well?"

A. "No, they treat me like the devil. *The nightfall girls, they steal money at the Bureau. Agnes, who lived with me. They got me drunk and brought me into the streets. I wasn't happy with my husband, but I was with someone else.*"

"I had lots of enemies. I don't know why. Lots of girls were after George—but *he loved me best and his wife couldn't help herself* \* \* \* .

"They take away my bed and give me a Masonic chart to sleep on. I have prayed all the time to help them. They are all in love with me \* \* \* Everyone is my sweetheart."

If we analyze the already transparent phrases in italics we find that the sexual cravings utilize sensory images of her sweethearts, father, and pastor with unrestrained promiscuity.

For example:

"This is leap year," the year in which women are popularly said to have the privilege of proposing, or offering themselves as love-objects; "Everything has a long tail with a comet to it," she later said, meant the male genitalia; "I have everything here and they belong to Dr.—, all those keys; "Everything" meant sexual desire and the female genitalia, "Those keys" meant male genitalia, and "all" expressed her excessive eroticism; "Your hair may be curly, but it will be stiff when my father gets on the stand:" It will be stiff, etc., has an obvious meaning.

"The fathers and mothers will show the little kids something," expressed her childhood sexual inquisitiveness. "I only know the sun, moon and stars," meaning her father, mother, and their children; a "calendar" and "time" (piece) are sexual symbols. Associated with her sexual desires for her father, she says: "My Saviour comes to me in my dreams. King George gives them to me. I went up in a flying machine." Her "Saviour," who saves her from her erotic discomfort, is King George. "King" means "father," and "George" is the name of the man she wishes to marry, and who, she insists, is the father of her child.

"They had me doing acrobatic stunts at the Bureau of Engraving [where her father works]. He and George, too, were shooting them for me." Here "shooting" is an intercourse symbol. "Both of them are Buddhists," "Buddhists" being evidently subconsciously derived by her from "Buddy," her pet name for her brother, who was also one of her sacred "lovers" contending for her charms.

"I'll give my brother to his sweetheart." She often associated her brother's first name with her lover's last name. She was also her brother's sweetheart in dreams and in childhood.

"He wants me to put that pencil there for him, too [taking pencil and putting it on a rack]. He tells me what to do." Such spontaneous acts are expressions of the same motives. From the context, the pencil and rack have value as sexual symbols (one object being mechanically the receiver of another is all that seems to be necessary for such symbolic use when people are erotic).

"Safety-pins and white-ways." Her pastor talked to her about the safety of leading a white life, and said that she was in safe hands. "There shall be no patents infringed upon." Her father had been cheated out of a patent. When asked what she

meant by the phrase "keys or string-beans," she laughed and said she had not been married for nothing, she could not tell, she was "too modest." She talked considerably about "Buddhists," although she knew nothing about them. Her associations to "Buddhists" later were "Buddy," "Brother," "Wilfred," "Bud," "Love," "Great Love," \* \* \*

She talked a great deal about a "conflict over religion and politics," and associated Protestant, Catholic, and Republican together, explaining the meaning as herself, Protestant; physician, Catholic; father, Republican. With religion and white-ways, she associated politics, red lights, immorality, etc.

She spoke of "nightfall girls" who live crooked lives, prefer night to day, etc. G. H. was stamped on her bedding. She read it "C. H." and said it meant "Charley J—," her teacher while in the sixth grade.

Prostitution was shown in the phrases: "To be a monkey, a baboon, anything you choose," "I'd go anywhere for Jesus," "He just keeps me here for himself." [She often said that her lover sent her here.] "I have lots of company and fellows," "I don't know what they are trying to keep me here for, unless they are making money on me," and, "The nightfall girls \* \* \* got me drunk and brought me into the streets."

The desires for exhibitionism were expressed in such phrases as, "They had me doing acrobatic stunts" and "they picture all sorts of things about me in the moving pictures."

There was some tendency towards homosexual expression in her dream of seeing a nurse trying to influence her "to do wrong" while she was nude.

During the erotic flight, masturbation occurred with little effort at concealment and, without restraint or shame, she indulged in unbridled sexual fancies about her father, pastor, brother and physician, she became, in fancy the "Bride of Christ," married to "God," and seemed to be wonderfully happy. *She wore her hair long, had a classical "Madonna" countenance, and felt herself to be a "Heavenly Bride."*

During the first three months, she believed that her hallucinations were actual experiences caused by other people and that she had been "hypnotized," "electrified," "experimented upon," etc. *The persistence and intensity of such sensory images, and their lia-*

*bility to recur, diminished with the subsiding eroticism.* Gradually, she learned to doubt their reality, and her sensory disturbances were rather regarded as a "mystery."

During this period she was somewhat sad and complained that the other patients talked about her, persecuted her, and caused her to have the mysterious feelings. She wished to know if it was possible to have telepathic communications, etc.

As the activity of the sexual cravings further subsided, she no longer thought of Mr. L— as her husband but as a lover to be met in heaven, and again recognized her real husband but disliked him.

Her dreams, she said, were always very beautiful and pleasing. They bore an intimate and striking relation to the hallucinatory content. *If one studies her dreams as hallucinatory sensory disturbances occurring during sleep, or dormant periods, we may understand how the same conflicting wishes produce hallucinations, delusions and dreams. (This is true for many of the other cases and a general principle of human behavior.)* She dreamed about her father, that he loved her and would help her. She had some papers in her hand, and he said: "Don't worry, little daughter, I will try to get these papers pushed through as quickly as I can." Upon another occasion, she similarly dreamed that her physician stood by her bed and talked to her, saying, "Don't worry, little girl, I'll take care of you." When relating this circumstance, she further said: "Then I felt a liking for him. Then I had a feeling for him."

She also dreamed that one of the nurses was trying to influence her for sexual purposes. At another time, several weeks after her dissociated state had almost disappeared, she dreamed that a white hand, a wax figure, like a man whom she did not know, approached her bed and said, "Peace, little one!" The person then told her to make the bed. Still later, she dreamed about her lover but would not tell it because her conscience bothered her.

"I dreamed last night that my brother was kissing and caressing me and then led me to meet and be introduced to a gentleman by the name of Andrews. I also felt the clasp of his hand as he shook hands with me upon introduction. This was only a dream, but, upon one occasion, *I had the pleasure* of seeing the vision of a man with an artificial wax hand, who held a dove in one hand

and clasped my hand with the other, telling me to go and make up his bed in a joking, jolly way, then disappearing. When asked to associate with the wax figure, she replied: "I could not tell that. It is too embarrassing. I might later on. I never did anything wrong [masturbation]. I always assured myself that it was necessary" [laughing boisterously]. Because the hand was so frequently associated with the father, and "Peace, little one," etc., the masturbation and its fancies were justified as a necessity and evidently were associated with the "father" fancies.

Her struggles to control herself showed, as she became less erotic, in her essays, songs and religious-moralizing and attempts to eradicate sexual temptations. Religious music and literature (working for God and Christianity) seemed to effect the most adequate affective sublimation through their social-moral satisfactoriness as well as constituting an indirect sexual outlet through striving to please a distant lover, as God, the Heavenly Father of infancy. Later, she included her children in this sublimation, and dedicated them to the "Glory of the Heavenly Father." This concentration of the autonomic-affective cravings upon a certain course of behavior and content of consciousness has also the emotional economy of preventing direct sexual excitation.

This patient made a *transference* to me and from that time it was comparatively easy to control her. She rapidly gained insight. "The mystery" of "the experiments" that she had undergone (the sensory images forced into consciousness by the affective needs, despite her efforts to inhibit, "block" them out) rapidly cleared up.

When analyzing some of her visions, the patient asked if I were a lawyer or congressman, and then added that she believed I was a lawyer and not a doctor. When asked why she thought this, she replied that I must be a lawyer gathering evidence to help her obtain a divorce.

In the above phenomenon, the very active sexual cravings, striving to acquire an adequate love-object, distorted her conceptions of the environment through forcing her to become conscious of additional sensory images which caused her to perceive her physician as a lawyer. Through him, the affect could realize an opportunity for gratification, through divorce and remarriage.

Another example of this mechanism occurred when, during the analysis, the patient clearly recognized that her difficulty was

sexual: her love for Mr. L—, and the fact that he was unattainable. She became very anxious, complained of cardiac pains, and then hallucinated, visually Mr. L— standing by her. She claimed that she could see him and said she was relieved to feel that he was so near. She refused, at this time, to give him up.

*When her love was about to be deprived of its object, the cardiac anxiety, as part of the fear reaction, resulted and had to be relieved by vivid sensory images of her lover, in which she saw and felt his presence, and which she gladly accepted as realities. (This instance first showed the value of the hallucination for keeping autonomic segments comfortable.)*

We may apply this same interpretation to the psychosis as a whole. In brief, the sex cravings discarded the unsatisfactory, impotent husband. Sensory images ("imaginations") were supplied by the sex cravings to compensate for the acts and words which Mr. L— would not actually administer. When, through Mr. L—'s personal objections to her attentions, he became unattainable, a tremendous, uncontrollable, compensatory flight of fancies occurred which prevented distressing tensions of the autonomic apparatus. The conflicting cravings caused an acute dissociation of the personality and the consciousness of a vast stream of sensory images and delusional concepts. These sensory images seemed to involve all the recent to the remote sensory impressions of extero- and proprioceptors which, at one time or another, had played a direct or indirect part in gratifying her love cravings.

As is usual in such cases, the cravings forced, in more or less retrogressive order, the recall of all the retained sensory images of the experiences that might be adequate until the most impressive and fundamental, accessible for reproduction, were reached. Hence, the array of former lovers and marriages, her "beautiful" love visions and dreams on "the chart," the voice, "Peace, little one, I will protect you," etc., all associated with the "Heavenly Father," "minister," "physicians," "President," and "king"; all men as one in that the supreme qualities of one man are always sought for in all the men she meets. *This is the dominating wish of the prostitute's trial and retrieval method of seeking for him.*

It is a moral imposition, and biologically wrong, to say that fundamentally we have an "incest complex" determining this psychosis. The problem of acquiring an *adequate stimulus for the gratification of the sex cravings was most important.* The sensory

images and delusional concepts, which principally made up the content of consciousness during the dissociated state, were forced into consciousness despite all resistance of the socialized wishes which are habitually active at the level producing the conscious reactions of the *ego*.

The nature of these sensory images showed several interesting characteristics:

1. That they all, at one time or another, seem to have stimulated sexual cravings or reactions which later became associated with sexual cravings; in other words, the sexual cravings were *conditioned* by definite experiences.

2. The images of sensations, which had been experienced throughout the development of the personality, were subject to re-presentation in consciousness, and were utilized by the sexual cravings to obtain neutralization.

3. The re-presentation seems to have been effected in a more or less retrogressive order until the sensory images of the early childhood and infantile period were utilized, which, at one time, probably caused the most intensive pleasure reactions of the organism—namely, sensations from the father. (His favorite; hence, her favorite.)

4. The sense of *REALITY of the visions (hallucinations) depended upon the persistence and intensity of these sensory images*. They were so persistent and intense that the *ego* could not differentiate their reality from the new sensations of the environment until they could be suppressed from consciousness for periods of time which were long enough to enable the patient to react to the functional difference of persistence and vividness between sensory images and actual sensations of external objects. Then her “visions,” “experiences,” etc., became a “mystery” to her, and this mystery disappeared as she became able to recall the origin of the sensory images and their cravings through a psychoanalysis.

She was discharged as recovered after four months, the autonomic-affective cravings having completely resumed their habitual systems of adjusting themselves and reacting to the environment. She fully appreciated, accepted in consciousness, her sexual striving, and has concentrated all her efforts upon religion and raising her children. It is, however, too much to expect a personality, biologically so constituted, to endure the meager gratification of her excessive needs as provided by an impotent hus-

band. She still frankly entertains wishes to discard her obligations. Four years since her discharge the family problem remains unsolved and now she desires a divorce.

This case is typical of a common type of acute benign dissociation of the personality. The patient's psychosis showed clearly that hallucinations and dreams are alike in that they both are constituted of sensory images forced into consciousness by the same suppressed cravings which are striving for gratification. The difference seems to be entirely one of *intensity* and *duration* of occurrence. Patients often speak of the varying intensity of their hallucinations. This is well known to be characteristic of dreams, and patients often refer to their hallucinatory states as dream states. *Delusions are concepts caused by the association of wish-fulfilling though misleading sensory images with new sensations. Such associations of sensory images and sensations, producing concepts, are utilized by wishes to give them a means to attain an object for gratification.* The associated sensory images, in proportion as they are utilized by the cravings or wishes, indicate the personality's tendency to avoid the realities of its environment. Cravings strive to discard from the environment, from consciousness, and from the personality all sensations and sensory images that are not needed to neutralize their uncomfortable tensions; as in irritability at distractions and controversies, speech defenses, diversions, etc.

The *ego* succeeds in controlling its undesirable cravings, and suppressing them from consciousness, by coordinating itself upon certain common paths of behavior. *Such interests only are maintained as tend to gratify by compromise, as a resultant, both the socialized and sexual cravings of the personality.*

Worries about secret societies, mysterious influences, religious societies, personal influences, hypnotism, etc., mean that the *ego* can not entirely free itself of the influence of undesirable cravings of a sexual nature. Either such undesirable cravings must find another object or the patient must become conscious of them through psychoanalysis in order to get rid of the delusion, hallucination, etc. No amount of reasoning or argument, reeducation or habit formation has the slightest effect upon the struggle of the repressed affect.

In this erotic (manic) flight, the patient enjoyed, without restraint, all the repressed sexual interests of her life, including a

divine liaison with her "Heavenly Father." She had no difficulty in finding an excuse for yielding to the "father," whereas the more catatonic patient (Case CD-2, to be presented later) had considerable difficulty. Although the latter case also submitted to the "father," it was not so glorious a flight, being more of a crucifixion, with anguish, pain and joy.

This form of psychosis, in which the images of the loved and hated objects are simulated without restraint, thereby enabling the repressed affections to attain thorough gratification, always has an excellent prognosis for that episode.

As to whether or not another psychosis will follow, depends largely upon good fortune in acquiring a satisfactory sexual solution.

The above case (MD-7) consulted me two years after her discharge. She said she had had excellent health, enjoyed work, but was dissatisfied and needed advice. Her husband continued to deliver milk at night, and slept during most of the day. She had no companionship. He was always tired out, was impotent and indifferent. She felt incessant cravings for pregnancy and was inclined to claim the right of free love. She wanted only the slightest justification from a physician for this adjustment and then she could happily go her way. Such advice, of course, the physician can not give. *He must not say "no" or "yes," because, as a repressive influence, he may cause a disaster, such as a psychosis or suicide, and, as an immoral encouragement, he would betray the social obligations of his profession.* It is not an uncommon experience to have patients, who desire but a hint of medical approbation, bluff and damn the physician violently for his silence. It is probable more exasperating to these unfortunate people, because they feel certain the physician knows what release from inhibitions they need.

Case MD-8 showed an interesting manic (compensatory) type of wish-fulfillment which subsided when the love-object was re-acquired.

She was a frail little woman, twenty-nine years of age, 5 ft. tall and weighed only 81 lbs. Her father was, from her description, a man of great fancies, but provided a meager home. To her, he was a "man among men" [Godliness].

As a child she was small and delicate, and had only advanced to the seventh grade when she quit school at seventeen.

She was her father's "pet," and her attachment to him was

probably increased by his habit of taking her to bed with him on "cold" nights. He died when she was fourteen, but she felt no anxiety because she believed that he had only gone on a journey.

She was always addicted to day-dreaming, and colored her meager comforts with rich fantasies of love and happiness. At twenty, she married. Her husband's name was George Washington J—.

Her first two children lived, but the next three pregnancies ended in miscarriages, which probably were largely the result of her frail physique. With the second miscarriage, she was reported to have been "hysterical" for several weeks, in which state she thought her sister's child was her own. Upon the occasion of the third miscarriage, she developed a more pronounced psychosis, in which her wishes were better gratified. Her husband had become an alcoholic in the preceding four years. She believed that he was losing interest in her and secretly frequenting the "red-light district." This added considerably to her anxiety about her physical weakness and greatly influenced the compensation.

She felt that her last infant was not dead, and again tried to claim her sister's infant as her own. She accused her sister of stealing her infant and, although it was two months old, maintained that it was but twelve days old and too small for its clothing. She played that she was a certain famous divorcé, a charmer of men, and dressed in her nine-year-old daughter's clothing. She said her children had been taken from her by "conjury," otherwise, the last child would have been born on Christmas Day. Therefore, she was "The Divine Virgin Mary, Mother of the Christ Child." When she opened the Christmas turkey, the intestines looked like snakes, and she cast them out of her house as a sign that she would cast wickedness out of the world. The day before Christmas, she saw a picture of a red devil on the door of a "Jew store," probably an advertisement, and entering the store she gave the proprietor a lecture. She said it seemed that she was unable to get away from that store (the devil). The police sent her to the city hospital. The acute stages of her psychosis lasted about six weeks, during which she lived the character of "The Virgin Mary" and became the "Queen of Washington." She carried herself with ludicrous dignity and composure for a frail, little, ignorant woman, and with remarkable self-assurance talked like a ruler of the world. She let her hair hang

loose, characteristic of the "Heavenly Bride," sang songs of inspiration, such as "Lead Kindly Light," and danced about the ward, threw open the windows and talked to people (hallucinated). She picked out patients on the ward, and gave them her sisters' names, said her father had destined her to become the Virgin Mary, recalling that upon his death she felt something great was in store for her.

While lying in bed, she said five small lights, like "little wings," (she had five pregnancies) flew around her head, and the room became brightly illuminated. She then felt a "great change" and thought of the Virgin Mary and her halo. When the light entered her eyes, she had feelings described as "inspiration and knowledge," remarking that she had never had a college education. It also meant her sins had been forgiven. She spoke of herself as Mary Magdalene, because of her sexual relations before her marriage, and named her five children, assuming that all were alive, after five saints. She was called "The Blessed Mother," "Queen of Angels," "Queen of Saints," "Gate of Heaven," "Morning Star," "Help of the Weak," "Refuge of Sinners," and was "The Head and Ruler of the Universe."

She maintained that she was to be married to "The President" and the King of England. She reasoned it out with great conviction, as follows: She was to be married to George Washington (her husband's name was George Washington J—), who was the Father of the Country and the first president, so that might mean "The President" or it might mean King George of England. Her next son was to be named George Washington. She would rule Washington, and therefore desired to be boss of her ward, starting many fights with the nurses to establish her position.

The fact that her name was Mary, and her child would have been born on Christmas Day, was her strongest reason for the wish-fulfilling conviction that she was "The Divine Mary." Her husband was not divine, but she had the power to make him divine. She frequently *substituted the word father for husband*.

Her fantasies were almost unlimited, as is characteristic of such compensatory strivings to prevent the anxiety that is caused by the reality of her inferiority and cravings. An extract from her essay on flowers illustrates a strikingly symbolic method of compensating for a distressing physiological inferiority. For some

time, she felt that "something was ahead" of her and prevented her husband from being affectionate. She said she wanted more affection than he could give her.

Her fantasy is entitled "The Imaginary Dream of Dreams to be Outclassed by the Song of Songs." The synopsis given by her is as follows: "First of all, I imagine myself among the tall stately wall flowers. [She was 5 ft. high and weighed 81 lbs., and wall flowers are the neglected girls at the dances.] They prove a success in some instances. Then, I am attracted by the buttercup and the daisy, but, almost too quick to realize it, I am entirely overwhelmed by the forget-me-not [she repeatedly used the expression 'father-forgot-me-not'] which shows itself in many ways: First of all, as it appears in the garden of my dreams, as two tiny, yet dazzling, young flowers. [She had two stillbirths. The third fetus was eight months and developed, living for twenty-three days.] Next, I see it in a vision as a kiss-me-at-the-garden-gate. It has changed somewhat, but in my dream it is as a lilac which oftentimes tries to bud and blossom ahead of Jack Frost. (Her physical debility thrice wilted her budding flowers, producing, she thought a consequent indifference in her husband which rendered her desolate.)

"Now, I am almost awake [reconstituted]. I have June roses placed before me in many bright colors, but the one I love best is the pink bud of the daily rose. The storms of the summer only fade her to blossom again and again till she is at last a calm, grand beauty." (Despite the storms that tend to rob her of her womanhood, she has become the calm, grand beauty that she impersonates on the wards.) She has effected a satisfactory adjustment, and says: "Now, I fall back and find myself among the brightest flowers, the gayest, gladdest, the best of all. In my lonesome pathway are three bright red poppies. They each lift their bright heads in contrast, but the center poppy, all at once, takes a notion to leave his brother poppies and flourishes wonderfully in the sunlight [the erection of the phallus] till father-fox-glove [her father attachment] overtakes him in his desperate struggle to leave his own beautiful garden.

"With all the earnestness of her desire, mother-lily was almost too worn out by the chilly blast to welcome her own red poppy back again. But, as she always trusted father-forgot-me-not with all her treasures, she was quite sure he had some object in trans-

planting his own bright poppy again. So, little by little, motherlily opened her petals until she was almost as bright as ever." (With the failure of her husband's affections, she had regressed to her memories of her dead father for comfort. See Fig. 49, of



Fig. 49.—“Die Hoffnung,” by C. v. Bodenhausen. Hope as a young woman standing in the graveyard of buried wishes and memories reaches out for the revival of life, symbolized by the spring flowers. Compare themes of Aesculapius (Fig. 87) and Hygeia (Fig. 1).

Hope in the graveyard yearning for the return of the flowers and life.

With the onset of her fantastic psychosis, her husband became very repentant and, literally, he wept and sang with her. He was genuinely sorry for his negligence, and his clumsy, but earnest attentions seemed to induce her to abandon the heavenly compensation for his neglect and be satisfied again with reality.

She was discharged, apparently, making a satisfactory recovery eight weeks after her admission.

In this case the fantasies and hallucinations decidedly compensated for her physical defects as well as for the unsatisfactory mate. In the preceding case (MD-7), of a woman who had all the physical attributes necessary for a virile maternity, no compensatory fantasies for personal physical defects were noted in her psychosis.

### **Manic Compensation for Inferior (Perverted) Eroticism**

There is another type of manic compensation for eroticism that is not a simple, pleasing orgy of wish-fulfilling fantasies, but is decidedly more complex and is a *hostile compensation for the fears caused by tabooed erotic cravings*. These cases affect boldness and bluff so vigorously that the physician usually becomes intimidated and does not recognize the patient's underlying fear.

Case MD-9 is an unmarried woman of sixty, who has for three years been trying to dominate her environment by claiming to be "the Lord," "God Almighty," the "King," "President," "Secretary of the Navy," and so on. She proclaims that she is the maker of a cannon that shoots 6,000 cannon balls which will destroy everything and shoot into the uterus of her physician, who is a "she devil." She threatens to cut off anyone's head who comes near her, damns everybody, and does it with such vicious emphasis that she makes one feel decidedly like leaving her alone.

With hair flowing, gown often exhibitionistically adjusted, exophthalmic stare, stern masculine countenance, mannish voice, and hypertrichosis, she makes a formidable impression.

At about thirty-four, she had a serious depression, lasting seventeen months, following the death of a sister.

At fifty, she had a manic attack, lasting a year. During this attack, she claimed to be a divine healer, "God," and her own

healer, thereby not needing a physician to treat her. She talked in similar, threatening, monotonous phrases, usually repeating each one six times. She was very suspicious, afraid of poison, would not bathe herself, and allowed no one to approach or touch her, or to turn the lights off, etc.

At fifty-four, she had a similar psychosis which lasted about eight months.

At sixty, she had the fourth attack, and her behavior was decidedly like that of the other manic episodes. During this last attack, she began as a manic, then she became somewhat depressed, and then again resumed a manic compensation.

During the manic states, her stern countenance, threatening demeanor, exophthalmic stare and fear of disrobing or bathing, betrayed the fact that her erotic cravings were not to be the homosexual aggressor as her behavior on incomplete observation had suggested. She really wanted to be just the opposite, even though she talked of performing most gruesome sexual assaults, such as shooting into the womb of her physician with a cannon and similar devices. When her sister or friends visited her, she drove them from the room because they made her fearful. She said, sternly, that those who came to her room were Roman Catholics who had come to torture her.

*During the erotic state, she was not happy and elated, but, fearful of herself, was compensating and combative.* When the truly aggressive homosexual female becomes erotic, she tries to get in touch with women and endeavors to exhibit herself, and must therefore be closely guarded and watched to prevent her from making sexual assaults, like one case, who, while in an erotic abandonment, tried to rape her woman-physician. Another homosexually aggressive woman who confessed to having repeatedly "made love" to a married woman, performing cunnilingus, when admitted to the hospital, because of a state of helpless apathy following the death of her paramour, was quite willing to be examined and had to be watched constantly to prevent her from establishing herself with the younger women.

*The fearful patient never shows happiness and joy, and the happy patient is never fearful.* The physician must learn to differentiate the pseudo-happy, who betray themselves by their *tense-ness and the ease with which they are offended*, from the truly happy, who are delightful patients even though mischievous.

The following stern type of threatening pronunciamiento issued to the world always means a counter attack to protect the self from a *repressed fear*, which, in turn, subsides as the erotic cravings for perverse submissions subside:

“September, October, November, 1915.

“I am the Acknowledged Lord God Almighty, The Supreme Ruler of the Universe. I am The First Attending Physician of” \* \* \* \* [her name]. This was followed by a long series of repeated claims of power and conjugal relations with kings and other prominent men to keep from recognizing her affections for women. By being her own “attending physician” she could refuse the examinations of the women physicians.

This mechanism of manic compensatory striving is also found in men.

Case MD-10 was a passenger steamship captain who failed as a skipper soon after changing command from a freighter to a passenger boat. He was forced to resign, and promptly developed a compensatory manic psychosis in which he finally transcended to grandly potent heights, became God, tried to produce and quiet storms, was a king and made dukes and princes out of his attendants and a castle out of his hospital. He constantly displayed his physical power and tried to bluff everybody. He became destructive, uncontrollable, noisy, had flight of ideas, and was filthy and erotic. After several months, he became fixed upon a grand attitude, and since then, for four years, has poured out, in a classical flight of ideas, an almost incessant pronunciamiento to God and the people.

With hoarse voice, bedraggled appearance and haggard countenance, he looks upward, towards the right, and talks almost incessantly. This man’s behavior was distinctly a compensation for *fear* of his cravings, and, though witty and inclined to laugh, he was not truly happy, but was trying to hide a disappointment. He does not like to be touched by men.

The following case (MD-11) thoroughly demonstrated the compensatory value of uncontrolled (manic) religious striving in its relation to the inferior, homosexual erotic craving. His behavior also showed the influence of the two great, constant, affective trends of the personality, the *sexual* and *social*, as they struggled with each other to control the man’s behavior. His reaction to

men, (*fear*), was considerably less than in the sea captain and yet it was quite an evident influence in his behavior. His joy was not unrestrained, as in the case following this one, and it was evident that he could not freely associate with men because of the *fear* of becoming overtly erotic when too closely approached by them.

No little controversy has arisen since Bleuler's article on Schizophrenia over the ambivalent value of an individual's fancies. It seems that they are the accepted resultant of opposing wishes and must, more or less, satisfy both of the antagonistic cravings; as the relative vigor of different affective cravings changes, the fancies and symbols are changed by the affect.

This patient (Case MD-11) shows the ambivalent value of symbols and the value of the religious method in combating eroticism. His eroticism seemed to have acquisitive interests in an enormous variety of objects, and, to protect himself, he cultivated interests in a large variety of opposites.

His personal history up to the time of his psychosis shows an inability to control his affective cravings. He had one sister who was "hysterical at times." His parents said he was a "bright," "good" boy and learned very well in school although he quit at fifteen because of a conflict with his teacher. He worked at *numerous* jobs and finally ran away from home, wandering through the West doing odd jobs.

At nineteen, he enlisted in the U. S. Army and eventually was courtmartialed for selling two rented "Royal" typewriters. He seemed to fancy the name "Royal." After two years in prison he was discharged.

While he lived in California, and during his stay in a California prison, he was considerably influenced by an itinerant missionary and his wife, who, judging from their letters, were inclined to fanatical flights of evangelism. The patient was very suggestible, self satisfied, easily excited and inclined to be seclusive.

A few months after his discharge (at twenty-four) he enlisted in the Marine Corps and four months later was sent to St. Elizabeths Hospital.

His psychosis began rather suddenly and its general nature continued while in this hospital. He had some feelings of being persecuted by a corporal. Soon after his admission he had to be isolated because of his tendency to interfere with everyone and

upset the routine of the ward service, furniture, etc. He was virtually in a chronic state of ecstasy which lasted about four months and gradually shaded off into an attitude of ecstatic letter writing and mischievousness. About the tenth or eleventh month he quieted down sufficiently to be paroled.

Unfortunately he could not be induced to review the material of his psychosis and was inclined to excuse himself with the admission that he had been "very lively." Mentally, he was quite clear and capable of doing the intelligence tests whenever he tried.

The preeminent traits of his psychosis are given in the following rather detailed account to illustrate the strong autoerotic and anal erotic cravings which the patient had, and the numerous details in which they were shown.

In the room in which he was isolated was a dark grey woolen blanket and a sheet. He tore the dark blanket into shreds, saying *all dark or black things belonged to the devil*. He pointed to the shreds with triumphant glee. Although it was rather cold and snowing, he had destroyed the warm blanket and wrapped himself up in the sheet. He wore white underwear, and the sheet as a cassock. When I entered he was pounding on the window guard and shouting something about the "*beautiful white snow*."

(From the start he classified almost everything on either the devil's side or God's side and counted the devil's things with his left hand and God's with his right. Only a few examples can be given here. White objects belonged to God and black things belonged to the devil, and his incessant industry in gathering and classifying such things throughout his excitement indicated the vigor of the affective forces that he was trying to control.)

God was "first and last and last and first." With this he pounded on the shutters and stepped from one side of the windows to the other and explained that there were two parts to the window and two parts to the first and last. He noticed my head and playfully shouted: "You have a bald place on one side of your head and one on the other, that is two." "There are *two*, North America and South America, which have been cut in two. There are three countries in North America, Canada, United States and Mexico, but the United States is in between, *so there are two not three*." He told of stealing two "gold" dragons and the two "Royal" typewriters. The gold dragons, he said, he took home

to look at because they represented the devil and he wanted to show that he was not ashamed to look them in the face. (This occurred when he was about nineteen or twenty.) When younger he wrote "two black hand" letters to "millionaires" to get money. He spoke repeatedly of "*two not three*" and always tried to change things like the three countries in North America to two in order to get "two not three." The reason for this he explained in the interview.

The wonders of two were further elaborated in the Son and Holy Ghost, two testicles, man and woman; and "three" often was associated with "three in one," "God the Father, God the Son and God the Holy Ghost," "three in one oil," "two testicles and one made three in one, and if that was put into a man it made three in one."

He related a parable. "God sent down the rain to make the grass green and the cattle ate the grass. This was converted into *beautiful, white* milk and people drank the milk. But why do they raise *black* umbrellas when it rains, isn't that funny? Can you explain it? The people drink this *nice, white* milk [spoken with great ecstasy] and kill the cattle and eat them. Then God turns this into semen and man puts this semen into woman and they bear children. Man and woman, that is two. But the devil tried to make the man put the semen into another man's mouth or his — [would not say anus]. That is three in one." (When I entered the room I noticed a cluster of fecal spots on the corner of the sheet. They had been made by the patient covering his finger with the sheet and thrusting the finger into his anus. There were no feces in the room. He slyly tried to hide this sign of his anal eroticism shortly after I entered.)

The above parable, which this ecstatic prophet related, proved to contain the secret of his behavior. He was extremely anal erotic —and autoerotic, and was "fighting the devil," his eroticism.

(Why he wanted everything white and not black (pure and not erotic) and "two not three" (female and not male) was now obviously because his anal erotic cravings were forcing him to seek submission to pederasty. The above data were gained by taking the trouble to spend an hour or so with him and encouraging him to talk about whatever he pleased in order to get at his own story of his troubles.)

A few days later, he demanded a Bible with a "white cover"

and a "white sailor's suit." He would not wear the black stockings or black slippers and usually tried to put both *black* slippers on his *left* foot. He usually sat with his *right leg crossed over his left* and said he kept "*the devil*" under his left foot.

His stories of his struggles with the devil included several experiences in childhood. When he was a boy he saw the devil who



Fig. 50.—This man struggled for years with an uncontrollable eroticism and finally effected this solution. Dressed in white (purity) with his hands gloved in white, he is a prophet of the Lord and talks his new religious system to all who will listen.

was a "great black man," (probably a negro), and frightened, he ran to his mother for protection. She told him to raise his right hand to God and God protected him. Whenever he raised his right hand the devil could not harm him. The devil had followed him all his life. When at home "a little nigger, who was a slick, little devil, just worshipped me and followed me everywhere. He

used to slap me on the back and ask me when I was going to give him some.” (Referred to perversions.)

“Black cats and black dogs often ran in front of or behind me and were devils in disguise \* \* \* The North fought the South to get rid of the black,” and when he was stationed in Norfolk he was harassed by negroes. With unrestricted expressions of glee he told of how he beat the brains out of a black snake when he was a boy. For some time he would go through mystic movements to keep the crows from coming to the ground. Later on he spent hours watching the crows and blackbirds and tried to remove a woman’s black furs. He explained that if the devil got him he would be ruined, but he had saved himself by his unbounded religious zeal. This sort of behavior continued for about four months.

Another physician relates the following experiences with the patient. The patient stated that during his boyhood days there was a colored (black) boy who had a rather bad reputation for engaging in fights and he tried to stab the patient in the back, and while in California, a colored (black) boy tried to get the patient to commit sodomistic acts (“stab in back” and sodomy are often equivalent). When questioned about having done this, the patient immediately opened the Bible, which he always carried with him, and started reading. He refused to discuss the subject directly, but began a detailed account of the destruction of Sodom and the transformation of Lot’s wife into a pillar of salt.

He said that he came from God and was speaking the voice of God, and later in the psychosis he became the Christ and his family became a “wonderful” family.

He had to be watched constantly to keep from removing his clothing and running nude about the ward. He spelled most of the words he used by counting each letter of the word with a touch of the finger to the thumb and numbered each letter according to its respective place in the alphabet, such as A-1, B-2, M-13, X-24, etc. (He had started his letter counting interests before his admission and later was considerably influenced but outdone by Case CD-8.

Two days before I saw the patient he told another physician (counting the letters on his right hand) that “smart, white and angel” (five letters each) were God’s words and (counting the five letters on the left hand) that “crazy, black and devil” were the

devil's words. "Wondering" had nine letters, "three three's," the first three were God the Father, Son and Holy Ghost; and the second three meant "a quail and two cuckoos," which means "the penis and two testicles." This showed that God made man and breathed the breath of life into him and the breath of life was the semen. The third three were the red, white and blue of the U. S. flag. (At this point in his ecstatic explanations he began to remove his clothing in his erotic excitement.)

The following are abstracts of a stenogram taken one week after his admission: "There's God—three little simple letters—that's G-O-D [ecstatically counts letters on right hand]. The devil says if you have your J-E-S-U-S, I will have my D-E-V-I-L. And God loves the beautiful birds in the Heavens that fly above. There's Q-U-A-I-L [counts on the right hand]. Well—the devil says, if you have your quail that whistles [whistled Bob White four times] in the lone, beautiful woods of nature, I will have my quail too—that's Q-U-A-I-L [counts on the left hand]—that's sodomy, sodomy, sodomy. [He often referred to the penis as "quail"]. You remember when Sodom was destroyed? Sodom was destroyed by fire and Lot and his wife and two daughters, three of them altogether, were fleeing. God said: 'When you flee from that city,' he said, 'don't look back,' [back, anal interests]. Lot's wife looked back and she became a pillar of salt, she became white, w-h-i-t-e, and salt, s-a-l-t. That 2-2 is what? And the devil says if you have your sugar, s-u-g-a-r, which is w-h-i-t-e, I will have my side, which is b-l-a-c-k. The devil fights against the white before every side you take. If you have your little red bird, he says I will have my red birds too. The red birds means whores—red-light district. R-E-D and I will have a b-a-t."

His fascination in counting letters had no limit and the lively persistence of the tendency, like all such compulsive activities, showed the tremendous affective pressure behind it.

Upon one occasion he started an interview with a brief discussion of *hands* and later returned to it throwing considerable light on the compulsion to associate his left hand with the devil and eroticism, and his right hand with God and religion.

"Does God give us these hands for nothing? God gave us these hands. You see it takes these hands to do the work of the brain. It takes these hands to build buildings. It takes these hands to put on our clothes. Isn't that right? *Everything comes*

*right through my hands.* If my hands were cut off I don't know what I could do \* \* \* You can't make no children through your hands; you have to [hesitates] that one has to go into one."

(A similar interest in counting was complained of by another patient who said that he was compelled to count everything, such as houses, windows, trees, words on a page, periods on a page, pictures on the wall, etc., and this followed his fascination for counting the movements of his hand when masturbating. The patient (MD-11) found an A in the lines of his hands which meant A stood for Almighty. (The negro (P-1) heterosexually impotent, made a perpetual motion machine and suspended the apparatus from a wooden hand, which, he said, created everything. This might be equivalent to saying, everything runs through the hands.)

The association of "everything comes right through my hands" and "you can't make no children through your hands" indicates the erotic fascination for his hands which he had to struggle with. Like the "three in one" interests and the promiscuous numbering, all go back to autoerotic interests in the male genitalia, masturbation, and anal eroticism. Oral erotic interests were shown in the phrase the "semen is the breath of life" (a phrase used by several patients who swallowed their semen to restore "the breath of life" while in that peculiar state of erotic "dying" (Case PN-6).

As to whether this man hallucinated or not is questionable. He never formed systematic delusions about anyone, but frequently attacked men whom he felt to have carnal influences over him.

He reconstructed his family into a *holy family*, his father became God, and he and his brother became Jesus and the Savior. He wrote numerous letters about this and drew fanciful signs of crosses, with the word God and his name together. His fancies about being with God ran as follows:

He said he had been downstairs and picked up two pieces of ice. He put one down the back of his neck and dropped the other on the floor. This piece broke into four pieces. *The fourth piece meant "the coming forth of Christ."* The piece put down the back of his neck meant that Christ carried the Cross on his back.

His divine potency was often revealed in fancies like the following: His father used to cut switches from a peach tree and whip him. He laughingly said this tree died. Then his father cut switches from a little pear tree and this tree also died. "Then

he cut switches from a large pear tree and I cut the top out of this tree and it became loaded with pears." (Laughed.)

Last year there was a great drought. "I went to the Pacific Coast and when I returned to the Middle West the rain just poured down. [Laughed.] And this rain produced much grain and fruit."

"My brother jumped off a lumber pile which represented a tree top, and hurt his *left* foot. Now he steps over his left foot with his right when he walks. He is a tailor now and an awful good sewer." He explains this story as follows: "God is represented by a tree—is a tree—makes the trees. My brother steps over the left foot with his right. The left is evil, the right means good. My brother is a fine sewer. Did not God 'sew' the grain?" The experiences with his brother's foot probably *conditioned* the mannerism of placing the right foot on the left when sitting.

Several weeks later, when he attended the clinic, he stepped upon the stage, and, picking up a glass of water, drank some and then poured a few drops on the center, large chair, then a few drops on the right chair, and last, a few on the left. He then pinned a "gold" (brass) pin on the right side of the middle chair.

He looked into the Bible for the "second chapter of the Acts," in which he said reference was made to the second coming of Christ (himself).

To prove that he was the Son of God, he asked the people to let him show how he could "drive steel through flesh without hurt." To demonstrate this, he would permit needles to be jabbed into his tongue or skin without wincing. "Christ made the New Testament, the Son. I am the brother to the Christ. Christ is brother to me—two in one, and three in two, and one in three." He and his crippled brother, to whom he was deeply attached, were Jesus and Savior together.

He was the "Star of the East" and fondly signed his aggrandized Christian name as follows:

N O R M A N

Navy-Prison-Royal-Marines-Almighty-Navy	
(No pris-)	Armies
(on. )	

The first letters of the words spell NPRMAN and refer to important experiences decreed by divine fate.

He was never in a true panic, but inclined to fight and domineer. He expressed no delusions about his food and gained weight. Gradually, after the fourth month, his ecstasy abated, and he swung back to his normal interests, but was not inclined to discuss them. After sixteen months, he was discharged as recovered sufficiently to take care of himself. Although he was very appreciative for his recovery, his refusal to study his sexual life and the psychosis, and the fact that it had no reconstructive value, inclined us to expect that similar episodes would recur.

The large number of symbols for the erotic cravings associated with symbols for the religious social interests are so simple they need no discussion.

Since this case record was prepared for publication, this patient has been readmitted (thirty-one months after discharge). His general attitude of suspiciousness and smiling, egotistical self-confidence, and his eccentric convictions, are unchanged. While serving with the American Expeditionary Forces in France, he was arrested for refusal to salute when the casket bearing a line officer passed in funeral procession. Confinement in a guard house was followed by an erratic counter attack upon military authority, and desertion. His arrest was followed by a manic episode which lasted about three months.

Because of the tenseness and combativeness of the above patient, besides his sensitiveness and inaccessibility, further compensatory erotic strivings are to be expected.

In his autoanal eroticism he did not renounce all self-control with quite the abandon of the following case.

Case MD-12, a Costa Rican boy, eighteen years of age, also claimed to be God, and tried to destroy everything and remake it into something more pleasing, as a compensatory reaction to his eroticism and the additional stress of making himself comfortable in a strange land. He was never threatening, *did not avoid touching men*, but rather persisted in having his arms affectionately about someone, laughed rapturously, and claimed the whole world was his.

For two months, he abandoned himself to an analerotic and masturbation orgy. Nude, he laughed, sang, shouted, destroyed everything in his room, beckoned for homosexual play to the male nurses and physicians, dressed himself in shreds of blankets like a savage, painted the walls, floor, his face, and body with excreta,

ate his excreta, and with his thumb in his rectum he shouted with glee that he was God and the whole world. When asked who his father was, he shouted, laughing at his wit, "I am no father, I am everything!" With his finger in his rectum, like the serpent swallowing its tail, he became a complete biological universe in himself.

Incessantly active, going at a terrific rate, he lost weight despite a *ravenous* appetite—the appetite is *an indication that fear is not active in the psychosis*.

By the fourth month, the eroticism had subsided and he made an excellent recovery without signs of depression. This boy was allowed to go the limit, and quickly recovered, whereas, had he been moralized, bound down, scolded and hampered, he might never have been able to regain control of himself.

The importance of *fear* of the influence of the erotic cravings as the cause of the manic compensation must be recognized, because such cases are to be quite differently treated. Intelligent efforts have to be made to win the patient's confidence in order that he will recognize what he is fearful of, whereas the happy, indulgent erotic is best semi-isolated and left to do as he pleases.

A man of refinement and extensive business experience, who was in a wild, combative, noisy (manic) state, naked in his room, with a "dead line" drawn on the floor, defied all his attendants and physicians to approach. They were trying to induce him to submit to a hypodermic injection. Cursing and raging and sweating, he paced the floor like a raving tiger at bay. The physician in charge of the case considered it to be a manic excitement; thinking of the patient in Kraepelinian terms he scoffed at the idea that the man was *fearful* of an assault.

This attitude continued more or less vigorously for several days, until a little common sense and patience won the man's confidence, whereupon his attention was successfully directed to the fact that he had been in a rage because he was frightened, and then to what was causing his fear.

It seemed that the mere recognition of the fact that *the cause of his fear was within himself*, besides the *transference* to the physician, helped him to adjust himself within a few days. He soon showed confidence in his treatment.

*The happy, elated, erotic flight gives far better results when the patient is allowed absolutely free play in order that all his af-*

*fective cravings may satisfy themselves, even at any cost to blankets and extra cleaning of floors and walls.*

In business, nothing can be done with a man until you allay his fears and win his confidence. The same applies to the psychopath.

### Restatement

There are *two distinct types of regression or depression psychoses, and two distinct types of compensation or manic psychoses*. The distinctive difference in the mechanisms is the affective complication of *fear* which is absent in one type and an important factor in the other type. The type of psychosis which is *free from fear* usually runs the shortest course, is less severe in its physiological stresses, is less complicated, and, since it does not distort the affective functions, it offers a better prognosis.

The complication of *fear*, when it occurs in the manic state, is shown by the patient's distrust of the treatment, *aloofness to personal contact*, eccentric or diminished appetite, and extravagant claims and demonstrations of power (for defense); whereas in the depressed, anxious patient, almost every unknown thing in the environment causes fear of inquiry or seduction. On the other hand, the psychotic who is not afraid, *delights in being touched*, loves attention, has a good appetite, and will recover from the affective dissociation so soon as the uncontrollable craving is satisfied and temptations to live a constructive social life are sufficient to induce sublimating.

Throughout the cases to be presented one consistent fact is present: *the individual resorts to almost any limit of behavior or self-mutilation to control the content of consciousness*. The desperate extent to which such struggles may be carried will be seen to be the most striking feature of the paranoid type.

In the preceding group of cases the patients were quite well aware of the wishfulfilling value of the psychosis and as such the cases were *benign* in type.

## CHAPTER IX

### THE PSYCHOPATHOLOGY OF PARANOIA

#### **As Pernicious Repression Compensation Neurosis; the Particular Nature of Its Biological Inferiority and the Eccentric Compensatory Struggle to Develop Virility and Win Social Esteem.**

In the chapter on the struggle for *virility, goodness and happiness*, the tendency to consider sexual submissiveness and dependence as an inferiority was shown to have its origin as far back in the phylogenetic scale as the higher monkeys. This indicates how, long ago, the ancestors of the genus *Homo* fought and strove to develop the state of virility. In man the feeling that sexual perverseness is an intolerable functional inferiority is more or less prevalent throughout the world but most so among the Caucasians.

Whenever two individuals compete for social influence, the superior organs and functions of one individual emphasize the inferior attributes of the other. The species, race, or clan tends to support the organically and functionally superior individual, and tends to neglect the inferior rival because the superior, most often, promises the gratification of society's needs. This is probably due to the reproductive interests of the species, because only through maintaining to the utmost the biological potency of both sexes is its future secure. It is obvious that this attribute is perpetuated through inherent transmission by the individuals of the species which best meet the struggle. This tendency to conservation of useful attributes is expressed in the form of *dread* and *hatred*, among the more civilized peoples, for all tendencies to incest, masturbation, perversion or biological waste. Therefore, the individual who, because of the peculiar nature of his organic constitution or the *conditioning* of his affective cravings, can only obtain autonomic-affective potency and comfort through some perverse indulgence, or who is only potent when invigorated by some perverse stimulus, is strongly, unshakably felt to be

inferior, and he himself *can not escape* the feeling of being racially inferior.

The feeling of being inferior seems to be ineradicable so long as a potentially uncontrollable tendency to vary from the biological demands of the race exists within the personality. The psychosis varies according to the manner of the individual's efforts to free himself or herself of the inferiority, and the manner in which he strives to compensate in order to attain *sexual potency* and *social esteem*. The efforts to compensate vary according to the life long influence of the individual's associates. Many sexually abnormal and organically inferior individuals are quite comfortable so long as they associate with similar types of people and avoid competing with sexually normal people.

The painful influence of organic inferiorities, such as being hairless, effeminate, soprano voiced, sexually undersized in males, in the struggle for social esteem and personal influence is obvious to any sophisticated adult. In this chapter organically normal but affectively inferior types will be given most consideration, because it is obvious that the organically inferior, if also affectively inferior, must have a more severe struggle.

The nature of the *sexual inferiority* and *mechanism of compensation* is brought out in each case. It may be well to add that the convictions expressed herein are not based solely upon the cases which are presented, but upon the examination and intimate study of nearly two thousand males and females, of nearly every educational level and vocational interest, and from most of the races that immigrate to this country. The nature of the individual's inferiority and manner of compensating has also been investigated in the various developmental stages from infancy to senility, under quite an extensive variety of social influences.

The paranoiac, who crystallized the converging data which were rapidly accumulating, will be presented first, because his "perpetual motion" machine symbolizes and reveals his functional inferiority and the protective compensation in one creation. To this case are added the remarkably similar, but more tragic, struggle of another ignorant negro, and the strivings of an American college graduate, and an American sailor.

Because of the variations this inferiority may assume, it is necessary to follow these cases with a comprehensive variety of cases so that the physician and psychologist may learn to know

what the eccentric variations may mean after he has learned to recognize them in his practice.

This patient (P-1), now in St. Elizabeths Hospital, is a tall, slender, rather clever, but uneducated, light skinned negro, about forty-one years of age. He has an effeminate, conciliatory manner of speaking. There is no history of insanity in his ancestry. His education consisted of several years, each of a few months, in a country school, and what information he was able to acquire from newspapers, current magazines, the Bible and a few books.

Gonorrhea was the only serious disease he acquired after he became an adult.

When the patient was twenty, his father, who was a minister, died, and it devolved upon him to raise his younger sisters with his mother. He talked of this work with considerable pride, and its influence formed an important part of the material of his psychosis. (He believed that he had successfully raised his father's children, that they had married happily, and in his psychosis he felt that he could elevate the negro race out of its lowly social position.)

At the age of twenty-five he married a very light mulatto of nineteen. The negro traits were so little in evidence that she could have easily passed as a Caucasian. She was a bright, energetic woman, inclined to accommodate herself to all of her husband's dominations. "I had to obey him as if I was a child," she said. She had two miscarriages during the early years of their marriage. Aside from this, she never was pregnant.

His work, after his marriage, was mostly that of doing odd jobs until several years ago when he became the janitor of a theatre. His employer, who was a Jew, became an important figure in his psychosis.

He only occasionally drank liquors until about one year before his first admission. During this last year, he drank excessively, and, because of his inefficiency, lost his position as janitor.

As a personality, during the early years of his marriage, he was kindly disposed and rather suggestible, but suspicious and inclined to be jealous. He was a good provider, but a poor saver. He had no close friends of his own sex. His wife said "he would turn on the men" when they came to visit him in his home. When drinking, he associated with men. He was always jealous of his

wife, and objected to the least attention she gave men. Years after the incident occurred, he denounced her for giving his brother a kiss of welcome when he came to their house for a visit. This jealousy became more marked in the last two years, and frequently while drunk he abused and struck his wife.

During the years in which he so jealously watched his wife to prevent her from being unfaithful, he secretly visited other women.

The onset of his troubles, the patient says, occurred suddenly. But this complaint dates about a week after he had completed his "tabernacle." He says it began while he was trying to have intercourse with his wife; he felt a "live substance" within his wife. It was "a man child" and "snatched" his penis and "bent it" and took his "power" from him; but the latter was due, he added, to his "run-down condition." A few minutes later, "visions came." He saw that his wife had been with a man, his former employer (the Jew), and he accused her of it. Because of his excitement at this time he had to be sent to a city hospital.

Among his visions, about which he was at first extremely cautious, he saw a snake on a square rock and killed it by throwing a stone at it, and (with emphasis) he "cut its head clean off." (Destruction of sexual temptation.) Then smoke and fire came out of it and the smoke frightened him as it floated upward around him.

Unfortunately, an account of his behavior while in the hospital on this occasion is not obtainable, except that he was difficult to manage, had several fights, and resisted when baths were administered to him. He was discharged after eight days upon his promise of good behavior. He gradually became more egotistical and dignified in manner, dressed in a ministerial garb, and wore a broad black felt hat. He carried himself with an attitude of exaggerated self-importance, was overbearing in controversies, defiant, sensitive and dictatorial. He emphasized his discussions with quotations from the Bible and later developed the habit of giving numerous references to books, chapters, and verses of the Bible with an atmosphere of authority and benevolent tolerance for anyone who appeared to be ignorant of the meaning of his references. He impressed one as being extremely sensitive about something and yet well pleased with his superiority and the grand compensation he had effected.

He accused his wife of having secretly had two illegitimate children while he was confined in the hospital the first time. One child was black and he was the father of it, but the other was white and the son of his Hebrew employer. These children were disposed of secretly, but one was to become Jesus Christ. He kept a record of his wife's time while at work away from the house. When she failed to return from her work at a certain hour, he accused her of infidelity and later he accused her of keeping secret relations with her landlord, the President, etc. He often blamed her for his own difficulties and repeated that she had taken all his powers from him by taking "the blood" out of him. This complaint, at times, he worded differently, stating that when he had intercourse with her he came in contact with "something alive" and that he "found strange blood" and this took his power. (For a year or so before the slowly developing paranoid attitude had reached an asocial degree, he had become impotent—that is, could not perform the sexual act satisfactorily to himself, and most of the time not at all. This developed gradually and seemed to be closely related to his irritability and increasing haughtiness.) His wife states that he had always been "very quick." She has maintained that no abnormal practices occurred. The history of the patient's impotence was not obtained until the second admission. He had completely cowed her into secrecy and made her promise to reveal nothing about their sexual difficulties.

As a patient, he was defiant, arrogant and sensitive about discussing his personal difficulties, but upon encouragement he revealed that he considered himself to be a prophet, directed by God, to teach the Gospel and build a model of the "tabernacle" which was also "perpetual motion." He intrenched himself in the Bible and projected a chronic attack upon the immorality of the Gentiles. The few ideas that he confided to us indicated that he had elaborately systematized delusions about the practice of circumcision by the Jews, which seemed to have a profound significance to him, and in the interim between his first and second admissions he had himself circumcised.

He arrogantly insisted that no one had the right to ask him about his affairs, and warned the examiner about the danger of asking too many questions.

Like all paranoiacs, he consistently hated anyone who at-

tempted to question him about anything that might lead to information about his deficiencies or errors, but promptly became fond of anyone who would listen to his fancies about his potential deeds of the future. For such unhappy, tense, striving individuals, every hint of giving esteem or recognition of their efforts as a social necessity to the herd is ravenously accepted. It seems to relieve that profoundly fixed, unmodifiable feeling that they are inferior to their fellowmen.

The only hallucinatory experiences admitted by the patient were always consistently limited to that of having had a vision of a serpent on a rock which he killed and which appeared again, and the auditory experience of hearing God's voice tell him to build "the first tabernacle."

He never expressed ideas of being hypnotized or under the influence of anyone. He was, however, inclined to be uneasy at night, but adroitly concealed this. He did not seem to worry about having his food poisoned. While in the hospital, he tended to isolate himself, and complained of being annoyed by the attendants. He always carried his Bible and enjoyed being seen with it. On the whole, he was easily managed if his wisdom and prophetic knowledge were not questioned.

His fancies about being the prophet of a new religion, and probably being a second Christ or Father of Christ were highly elaborated and almost inexhaustible. Some of his arguments to prove this were like the following: When he became guardian of his father's minors he lost his father's pension certificate, and the new pension certificate had for its last three numbers "666." "This number can be found in the Bible, Revelations, 13th chapter, 18th verse." ("Here is wisdom. Let him that understandeth count the number of the beast: for it is the number of the man; and his number is Six hundred threescore and six.")

He claimed the distinction of being the only man that had built a correct model of the tabernacle, and that its dimensions had been revealed to him by a young priest. He said his revelations were inspirations to him, and he absolutely pinned his faith on God's wisdom which was "different than man's wisdom."

This "tabernacle" was "the first church, perpetual motion," which is "the force" that makes the world move, that mingles the blood of the races, and referred to the mingling of the blood of the white and black races. (One of his grandfathers was white,

his wife had well-marked Caucasian traits, and he believed that a Jew was the father of an illegitimate child by her.) His discussions of this so-called tabernacle were difficult to follow. He strongly maintained that he had no preconceived idea of what he was doing, but was compelled to build it according to "revelations." When he discussed this creation, he used the following phrases: "Wisdom has built her foundations. She has builded her seven pillars. She has mingled her urine. She has killed her beasts—my father said, 'My son, I can not do that without recourse to my mother.' " "My" was a misplacement for "your" mother, and in this instance indicated his incestuous attachment.

During an examination, he showed a photograph of this "tabernacle," which he had taken for publication. The model is shown standing in a room, and on the wall on the right side was hung a large picture of his mother, and on the left, a similar type of picture of himself. (It should be noted that his "perpetual motion" was placed between himself and his mother, and one should recall the above error of "recourse to *my* mother.")

A detailed description of the machine which I had the opportunity to examine would be tedious, but the principal features of its mechanism will be described here, because they revealed the man's affective difficulties, what he unconsciously strived to attain, and the machine's biological significance. In building what was "revealed" to him, he unconsciously constructed and substituted an image of the very biological qualities that he had functionally failed to develop.

In other words, this creation or "model," and his psychosis was the goal of an aborted biological career, some of the determinants of which had their sources in his early life, far deeper than the levels of activity of which he would ever again likely become aware.

The "model" (see Fig. 51) about 5 ft. high is constructed of pine boards, pieces of boxes, cast-off spiral springs, a lamp oil container, and other like material which he had gathered from vacant lots and alleys. It consists of two large compartments—namely, a large square frame (A) upon which is erected a pyramidal frame (B). From the apex of the interior of this pyramid is suspended a "hand" or "arm" (1) which he whittled out of pine. To this "hand" is attached a long, coiled spring (2) which holds up a vessel (3) which was at one time the oil container of a lamp. The

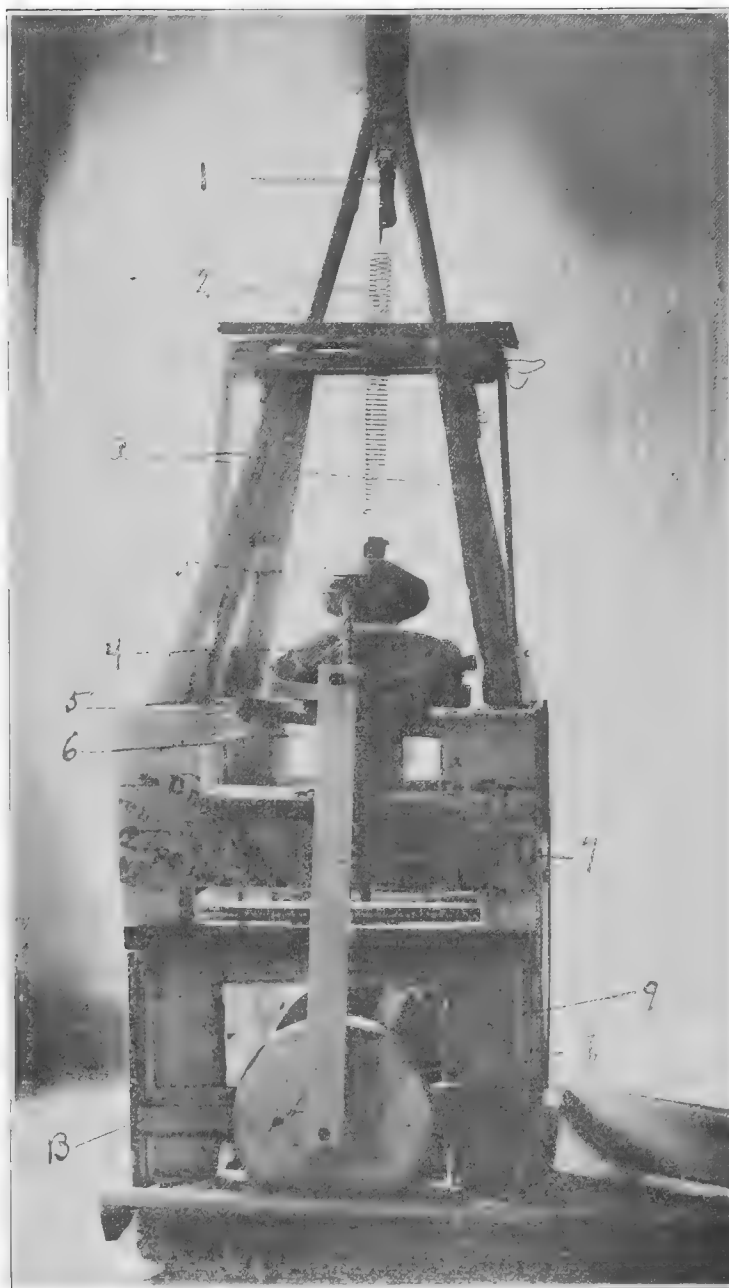


Fig. 51.—Copulation fetich by impotent negro paranoiac. He said he was inspired by God to build “the first church” or “perpetual motion.” A, pyramidal frame; B, square frame; 1, hand; 2, long, coiled spring; 3, oil lamp; 4, sand bags; 5, horizontal board; 6, bed spring; 7, lever; 8, wheel; 9, “cherubs.”

lower end of this vessel is attached to a horizontal board (5) and this board rests upon two old bed springs (6). When this board (5) is pressed down it stretches the long spring above and compresses the bed springs underneath; hence it is bobbed up and down for a short while from one push of the hand. To keep the machine at rest, he fancies that it is necessary to weight the board (5) with two bags of sand (4) which he removes in order to operate the machine.

Several other springs are fastened to various parts of the square frame, and they contribute to the "perpetual motion." Two other features of interest are the "four cherubs" (9) and the four "wheels within wheels" (8) which are inside the square frame. A cherub was made out of a broomstick with a hole bored through the upper end. A piece of rope was passed through the hole and both ends wound once in the same direction around the stick, and then tied to the opposite ends of a horizontal board. The broomstick ran through a hole in the center of this board, and the board itself is made to slide up and down the stick by the springs. Raising and lowering the board would slightly wind and unwind the rope and cause the stick to bore slightly. The winding of the rope was not mechanically correct to make the stick revolve, but the attempt had the same value. He said he obtained the idea of the "cherubs" when he was sixteen years old. A cousin taught him how to bore holes in bricks. He commented: "I made up my mind then that if perpetual motion ever came, it was to come that way." He would give no inkling of where he had obtained the name "cherub," but tried to give the impression that it was a revelation (heavenly infant).

The mysterious "wheels within wheels" were solid clumsy structures of wood. The two inner wheels were cross sections of a barber's pole and still showed red and aluminum stripes. He called these the "American Glory." The wheels were revolved slightly by large levers (7) that were attached to the horizontal board (5).

He pointed to the interior of the square frame and remarked that here "the blood of the world is mixed." When I asked to be shown more definitely where it occurred, he avoided an answer and smiled at my stupidity.

To return to the significant oil can suspended from the long spring, he said that it was "the manna—it came to me to put sand

into it," and he told of his pleasure in watching the sand run out as the "perpetual motion" made the "manna" move up and down. He also spoke of the sand as the "manna."

When the picture of this "perpetual motion" machine with the pictures of himself and mother was shown and described by him, the diagnosis of heterosexual impotence with striving to compensate was made, although the foregoing information about his sexual life had not yet been obtained because of his resistance. Later the diagnosis proved to be correct. It was based upon the following interpretation of the behavioristic symptoms which were "inspired," that is, compelled by the affections in their struggle to find a solution of their needs.

The "manna," which is a divinely given food in the Bible, he made to pour out of the can as it moved up and down, on the end of the long spring, inside of the pyramidal space. This is symbolic of the semen emitting from the glans penis while in the motions of copulation. He called the emission "manna" (holy or divinely bestowed food), which reveals the unconscious pleasure he derived from the crude symbolization of his nursling oral erotic hunger. Several of my cases treated their oral eroticism with most fervent religious ecstasy. This is the grand compensation for a most serious biological inferiority. *The constant pressure of his homosexual cravings are the cause of a constant fear that he might be considered a degenerate;* hence, the eccentric striving to be acclaimed as great. The pyramidal frame in which the "manna" etc. (penis) moves is the vagina, and the large square frame beneath it, in which the "cherubs" and "wheels within wheels" work and the "blood of the world is mingled," is the uterus. The hand, which he spoke of as the power that made everything, significantly holds the spring and the emitting can which suggestively associates with masturbation. The "manna" and oral erotic cravings recall Freud's grouping of the food hunger and the earliest and most important zones for the soothing of love cravings of the infant to be in the mouth.

The two bags of sand, which he placed on the machine as weights to keep it quiet and removed in order that the machine might run, were made with extra labor. When I asked why he did not use bricks or stones as weights, he replied that he had to make it as it was "revealed" to him. If one follows the lead from sand in the container, then the sand in the bag becomes manna, or

semen, and the substitution value of two bags of sand as testicles completes the generic significance of the "first tabernacle."

The patient would not accept this archaic model of his own sexual functions in this light, because that would destroy his ritual and compensation. He has enshrouded it with an atmosphere of sanctified mystery. To remove this archaic mystery would deprive him of all his means of defense, evasion and compensation. So long as the paranoiac deals with his sexual troubles in religious terms, he may talk freely; he may even, with the ignorant, develop in them an attitude of awe which gives him at least a social sense of potency as a personal influence. His wife believed in his prophetic powers and the wonderful machine for some time. He hates me for pointing out its sexual significance.

The defensive value of the paranoiac's grand fancies may be further illustrated in the case of a well-trained physician, who, after several periods of excitement and panic, finally distorted, in his effort to establish himself comfortably, everything he heard or saw, in order to place himself in an awe-inspiring, omnipotent light. He called all the people about him Cæsars, Ciceros, kings, philosophers, etc., and addressed them as such with most gracious, princely bows and greetings to express his admiration. But, in turn, he demanded to be recognized as Napoleon, and dressed accordingly. He wrote a language, at immense cost of time and labor, which he would have the world adopt. This language would make him the premier thinker of his time. He acquired several magnets and induction coils with which he worked by the hour to send telepathic messages and direct the affairs of the world. These most extravagant efforts at establishing his place in the sun really isolated him, because no one could seriously consider his fancies. To this he accommodated by simply maintaining that his associates were too stupid to understand him. Nevertheless, so long as he could keep himself believing that what he upheld was reality, he was safe from his homosexual submission cravings.

The above negro maintained that there were "two kinds of wisdom," God's and Man's. The wisdom of Man was worldly and did not understand the revelations. *His wisdom was God's, therefore, superior to Man's.*

That he was afraid of homosexual cravings is indicated by his effeminate traits, and is supported by the fact that he had culti-

vated no male friends, but rather, as his wife put it, would turn on a man so soon as they became friendly. His responses to his male associates could not be endured when friendliness was too freely shown. Always in the background of his mind lurked a fear, a distrust of men, a subconscious fear of his own weakness. The mental dissociation (hallucinations) and tendency to panic depended upon the intenseness of the homosexual cravings.

When I saw "the model," he had it covered with a white (purity) cloth, and on it were tacked several large pieces of cardboard. One piece was the discarded cover of a writing pad on which was printed in large type the words, "LEGAL CAP—EXTRA FINE." A newspaper abstract of Lincoln's Gettysburg address and a long sheet of legal cap covered with written quotations from the Bible were also tacked on the model. He displayed it with great pride, and explained its nature with considerable tremor of the facial muscles (symptomatic of great affective pressure).

The air of profound religious mystery with which he enshrouded the whole effort had quite convinced his wife that her husband had performed a wonderful deed. The great amount of noise and motion from so little effort was sufficient to make her believe in "the perpetual motion." But the religious fervor of her husband was beyond her understanding, and she was inclined to warn him against his overenthusiastic demonstrations. His sincerity decidedly contradicted malingerings or affectation. He was desperately sincere in his efforts to become potent.

It is not surprising that his wife should have believed in his sanity and the perpetual motion machine. After he had created it and taken photographs to a newspaper, got an editorial on perpetual motion, tried to have his machine patented, written numerous wild letters to government officials, full of vulgar, perverse phrases purporting to be religious, dressed like a minister, and claimed himself to be a prophet inspired by God, *a jury, in a trial as to his sanity, gave as their verdict that he was sane.*

He believes that the last days of the Gentiles have come and his people are to be led into their rightful dues by him.

The perverse nature of his letters is best illustrated by one which he wrote to the President denouncing the American flag, saying that it should be destroyed and the flag of a menstruating

woman substituted. (Since that letter, he has had no chance with a jury.)

Almost daily, he writes letters which are filled with an incoherent collection of biblical references and phrases. He clips headlines of murders, scandals, abortions, thefts, embezzlements, etc., from the newspapers and marks them with biblical references which, he seems to feel, prophesied the event. He adjusts to the fact that he is not believed, by pointing out a biblical phrase about the prophet not being heeded at first. His voluminous output of letters and arguments serves one valuable purpose, in that, by controlling the content of consciousness with such interests he does not feel his sexual difficulties. He often writes on his letters: "Were it not for the pleasant fields of Holy Writ, I might despair." His invention of "perpetual motion," he says, is finished, and he refers to it as a final achievement, a goal which he has reached.

Argument, persuasion, and reasoning have no influence with him. He can not and will not forsake his fancies. He promptly damned me when I advised him that work would be good for him.

This man became heterosexually impotent at a period closely related to his systematization of delusions about his wife's infidelity. He has never been satisfactorily potent in the sense of having the power to perform sexual intercourse with due affective gratification, being capable only of *ejaculatio præcox*. He is so constituted in the reactions of his sexual reflexes as to feel vaguely what the normal biological goal should be, and his strivings to reach this level are ceaseless.

Upon the other hand, his feminine manners of self-expression, the shunning of friendly masculine associations, the tendency to guard his room at night, the conviction that a "man child" in the uterus of his wife destroyed his potency, and his thoroughgoing pleasure in the disguised "manna" symbol, indicate a fairly well-covered but pressing tendency to drop back to the biologically more easily maintained submissive homosexual level. His heterosexual possibilities are surely seriously inhibited because of their conditioned specific requirements—namely, the mother. In proportion to the limitations imposed by this fixed conditioning, the possibilities for ever making a biologically satisfactory mating are reduced to the barest possible accident. There are many colored

women seeking mates, but very few are likely to meet the requirements of the necessary and too strictly limited prototype. The affective determinants for this fixed condition of his reflex systems can only be worked out through an analysis of his experiences with his associates.

At present, he claims that he has become an apostle, must gather about him *many wives*, establish a religion, and guide his heavenly flock.

This negro's "perpetual motion" is only complete when placarded with prophecies and religious writings and intimately placed between himself and his mother. In its energizing, inspiring effect upon him, it should be recognized as having the same affective value that the painting of Mona Lisa and her smile had for Leonardo da Vinci. Freud's analysis of da Vinci's personality, showing that the yearning and mother fixation were considerably gratified by the inspired painting of a certain type of smile, clearly brought out its significance to the creator.

That the inspired "first tabernacle" in which "the blood of the world is mixed," and whence all men and women are created, should be suspended from a hand, is as poetical and remarkable in its conception as Rodin's "Hand of God." A comparison of the two figures shows the refinement in symbolic expression that training, education and social influence exert upon the creative yearnings.

The inspirations of this negro, as striving to compensate for grave biological malfunctions, lead directly into another group of cases, who, as individuals compelled to make consecrated strivings, feel themselves directed to come to the Nation's Capital.

A Chicago negro\* (Case P-2), who had been arraigned before the police court for carrying a dangerous knife and being "queer" and a "little off," was discharged by the court after a careless mental examination. His neighbors recognized that he was a "religious fanatic," but regarded him as harmless. In January, 1915, he mailed a letter to a "Prince Johannes L. Menelik, Adis abbeba Abyssinia," which was returned unopened. It was an appeal that Prince Menelik should recall the African people and teach them his (this prophet's) religion. He said: "The traitors and betrayers of the black race are black men and white women." (A mixed pair

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\*This case is taken from a Chicago newspaper, in which the crime was featured in blazing headlines.

lived next door to him.) He wrote numerous religious messages on the walls and curtains of his house, such as "The Lord has made me the Saviour of all Africans in America, and now I shall recommend all that are worthy unto my Heavenly Father, the Great God of all Creation. The Lord has given me the spirit to judge the quick and the dead.

"I must die in this land, that I may carry my reports unto Almighty God concerning the land of the United States. I am the spirit of the Almighty God."

For about two years, the negro had been seclusive and deeply interested in his religious strivings. He built a *crude, wooden model of an electric generator* and designed other contraptions, such as switchboards, etc., which probably had a similar value to Case P-1's perpetual motion machine.

The reference to the pernicious mixture of black men and white women is also similar to the "place where the blood of the world is mixed" and also the suspicions about the relations of his wife and his employer. Both were religious prophets and deliverers of their people. The electric generator, like the perpetual motion machine, indicates that the cause of impotence which he was trying to overcome was also causing great anxiety. He collected a rifle, shotgun, loaded numerous shells with vicious slugs and armed himself for an assault, which indicates that the erotic pressure of the repressed affect and his fears were influencing a desperate compensation (See Case PD-11).

One morning (June, 1916), this dangerous fanatic ran amuck and killed four people, and wounded five others, and not until his house, which he had barricaded, was blown up with dynamite, were he and his wife finally shot by the police.

The tragic sequel of suppressed erotic attachments between females is illustrated by the following instance:

Two well-educated, wealthy young women, who had developed an unusual intimacy, registered under assumed names in a hotel. They retired to a booth in the restaurant where they dined. Late that evening they simultaneously shot each other in the head. According to the Press, a note was left saying, "We have experienced perfect love for each other and can not bear the thought of separation. So we will end it all." In such instances as this, the act can hardly be regarded as any other than the expression of an aborted erotic climax.

An eccentric compensation of the paranoid type that may become disastrous is illustrated by the following case:

This man (Case P-3) was sent to St. Elizabeths Hospital by the police department because he was acting suspiciously. He had complained to the police that people on the street and at his boarding house were making "threatening remarks" about him. These suspected remarks were related in some manner to the fact that the War Department had discouraged him in his ambition to perfect a great cannon which would have more power than any other because the rifling would be abolished, thereby decreasing the friction to the shell.

He was unmarried, thirty-two years of age, a graduate of a polytechnical school and a designer of tools for a large manufacturing company. In this work, he had been very successful and drew the highest salary in his department.

His coworkers, like his classmates, considered him to be eccentric because he applied himself too severely to his work and never encouraged friendly advances from anyone. As a student, he had striven constantly to be the foremost in his class. Shortly after beginning work, he said, an elderly man in his office took a "fatherly" interest in him. This man, who was notorious for his vulgar stories, urged him to live a more active sexual life on the grounds that it would do him good. He thought the old man had noticed his irritability, tenseness and asocial tendencies, and sincerely tried to help him.

The patient was neat, efficient and conscientious, and a capable tool designer. He was, however, inclined to assume an attitude of superior knowledge, was dissatisfied, unduly self-aggrandizing, and morose. He was openly proud, and usually talked, even in ordinary conversation with one person, in a loud, deliberate tone of voice, which, with the studied enunciation of unusual words, sounded strikingly as if he were speaking formally to an audience. The large number of unique words which he used to express a simple thought was unusually impressive.

His opinions nearly always contained an egocentric turn, and distinctly indicated that he obsessively felt the necessity of advancing his self-importance. He enjoyed arguments, he said, but tried to do all the talking.

For several years he had been interested in designing an enormous cannon upon the principle of using a smooth bore in order

to reduce the resistance to the discharge caused by the rifling which is used in modern artillery. He hoped to obtain the necessary rotation of the projectile through a new means of producing the explosion. This, he thought, he had theoretically demonstrated and, at his own expense, he spent three months reviewing the files in the patent office in order to secure a patent for his design.

He secured an interview at the War Department, where he was discouraged and, at the same time, flattered, on the grounds that such an instrument would be too expensive to be practical. This, he *repeatedly* said, "brought me to earth." For several days he seemed to be unable to adjust himself to the disappointment and, without insight (until later), he unconsciously compensated for his loss by developing feelings that roomers in the house were planning to raid his trunk in order to steal the plans for another government. He also heard "remarks" about himself, such as "there *he* goes" (as if he were important), and "something was said" about the progressiveness of the German Army and that he was suspected of furnishing the Germans with plans of his gun. This compliment to his mighty gun was obviously restoring the fulfillment of the wish that the War Department had so painfully disappointed.

Fortunately, he was intelligent enough to become suspicious of himself and not assume the absolute certainty of "the remarks." He realized that his long hours of worry, poor appetite and loss of weight might have fatigued his powers of self-control. To make sure of himself, he talked it over with a policeman who induced him to accept hospital treatment.

Upon his admission, he was appreciative, accessible and pleasantly accepted advice about rest and hygienic living. He told the impersonal side of his interest in a powerful cannon with so much detail that he confused himself as well as the physicians with his abstract mathematical theories.

His proud carriage, cultivated grandiloquence, tendency to revert to a fixed subject, rather slight figure, sparse facial hair, strained sobriety, undernourished condition (indicating the severity of his striving) and the obvious wish-fulfillment in the delusions all coincided with the significance of the long-continued effort to create an instrument of great potency.

The diagnosis on the above information was ventured that the

man was anxious about his heterosexual potency and was striving to establish it. (*The term, sexual potency, is used in a broader sense than merely potency for mechanical intercourse, for it also includes establishing the capacity to obtain affective gratification.*)

Several days later he was led to discuss his sexual life freely. He denied having masturbated at any time, and was, I am quite sure, ignorant of the practices of homosexuals. He stated that he had occasionally had sexual intercourse with prostitutes upon the advice of a physician, but, finding it an *unsatisfactory* experience, *made strong efforts to repress any sexual inclinations.* Then, he elaborated further and explained that one reason he had had for visiting prostitutes was that he felt encouraged when they (in answer to his questions) told him that his penis was as large as that of the average man. *He said he had been afraid since his adolescence that he was sexually undersized.*

The symbolic value of the mighty cannon as a compensation for his undersized penis and impotence was immediately grasped by the patient. The grandiloquent style, which worked havoc in its tendency to isolate him from friendly associations, was defended as an "old habit." That he used it as an instrument for social domination he admitted. Interwoven with this confession of the tendency to sexual compensation, he confided his story of disappointment in love as an explanation of why he had never married. The girl's father had at one time discouraged the match because of his salary, and, irritated by her attitude, he had proudly determined to make a great success for himself.

The permanent value of this insight into his struggles can not be estimated here, but an indication of what it might be worth was shown by his rapid readjustment to a sociable, more unselfish attitude, with a genuine, unforced tendency to be amused at himself for his absurd striving. He frankly rebuked himself for his stilted pride about his love affair. Before he was discharged he intimated that he intended to apologize to the girl for his attitude. He abandoned the big cannon fancies and considered the "suspicious remarks" to have been imaginary.

This patient may be regarded as typical of the so-called "cranks" who feel compelled to come to Washington and present the nation with "inspired" advice or a discovery having great potential possibilities. The uniform revelation of sexual inferiority in the accessible cases of this type, which we have received at

St. Elizabeths Hospital, strongly reenforces the impression that probably most individuals of this type are striving to overcome definite pernicious sexual inferiorities of which they are *fearful*.

Throughout the above three cases runs the well-defined influence of both the sexual inferiority and the eccentric compensatory striving for potency and social esteem. The foundation of the latter exists in the repressed affections, and finally succeeds in directing itself by an "inspiration," which, although radical and destructive, may be irresistible. The actual mechanism of the "inspiration" is most clearly demonstrated by the repressions and inspirations of Case AN-3, which is worth reviewing in this connection. The extent to which such cravings may influence the individual is brought out in the cases of J. Wilkes Booth and Guiteau.

It seems highly desirable, with the knowledge of the parricidal type of inspiration of Case AN-3, to review the personalities and acts of Booth and Guiteau. An unprejudiced account of Czolgosz's personality, unfortunately, is not accessible.

In Case AN-3 many facts show that the man became "inspired" to kill his director because the latter, through transferring him from working in "pure science," prevented him from ever possibly solving his biological obsessions thereby compensating for the inferiorities of masturbation and the sexual affairs that caused the loss of his love-object, who was a mother image. The director, by his act, unconsciously became the equivalent or image of the domineering, hateful father who had disastrously suppressed the patient's youthful, vital, spontaneous aspirations, which necessarily needed encouragement and freedom of functioning in order that the personality should later develop to a comfortable, healthful maturity, and overcome its homosexual and autoerotic tendencies. This case is of the utmost value, in that it explains the origin of the inspiration that the suppressive superior must be killed in order that the freedom of manhood might be realized; hence, the reader should be familiar with it.

The cases of Booth, the assassin of Lincoln; Guiteau, the assassin of Garfield; and Czolgosz, who shot McKinley, were not considered from this point of view by the psychiatrists who advised the court; hence, essential details are lacking which would *convincingly* fix the impression that these men were all obsessed with inspirational compulsions to "remove" the suppressive fac-

tor, father-image. There is sufficient reliable data, however, to be had in W. W. Godding's "Two Strange Cases" and A. M. Hamilton's "Recollections of An Alienist," to make it worth while to reconsider these crimes from this new point of view—namely, *that the preadolescent affective repressions finally tried to destroy the repressing influences in order to attain freedom from sexual inferiority and acquire the functions of maturity.*

In the following brief reconsideration of these parricidal acts, the limitations of space make it possible to bring out only those points which support the impression that probably most parricidal and treasonable acts are the result of preadolescent repressions of primary emotions. They were repressed by the domineering attitude of someone who, through the powers inherent in their controlling position, as father, mother, guardian, teacher, older brother or sister, aborted or distorted the affective career of the individual. The history of Case AN-3 shows that affective repressions may be so constituted that the individual will never be able to achieve a comfortable solution during maturity, unless he obtains insight. He is doomed to become noted for his eccentricities, irritability, neurotic episodes and paranoid struggles.

Guiteau (Case P-4), according to Godding,\* came from a very pathological family. His paternal grandparents had eleven children, of whom one died of cancer and perhaps six died of pulmonary diseases, probably "consumption." Two other children were insane at one time, and a third was considered to be insane by her acquaintances.

The paternal grandfather was thought to believe that one might attain a mental state of such purity that it would immortalize the body, and this conception was apparently a conviction of Guiteau's father.

Guiteau's father was known to be an unusually persistent, intensely religious type of man, and "intensely honest and sincere" as a business man. "In his ecstasy he believed that by prayer and the laying on of hands he could himself raise the sick to health, and that he might attain, yea, had already attained, to a union with Christ, in which he should live forever on earth" in his natural bodily state. He became an ardent member of J. H. Noyes' Oneida Community. He believed insanity was caused by a dia-

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\*"Two Strange Cases."

bolical possession and that superior virtue could cast it out. According to his daughter, who described his methods of domination over his son, his father "would whip him, and after he had punished him would say, 'Now say pail': and he would say 'quail' every time" (Godding). Such situations between the father and son are never anything but hopeless hatred in which the father is determined to force the son into abject submission; and the son, physically inferior, must endure the punishment, but conquers through his contradictory "wilfulness." The boy's grandfather, Howe, said he was the smartest Guiteau he knew of (Godding) and bequeathed him \$1,000 for his education. Guiteau's father, however, regarded him as a worthless, disobedient "devil's seed."

When his father married the second time, like many unhappy, brooding children, Guiteau ran away from home at the age of thirteen. After his crime at forty he said he never knew a mother's love, his mother having died from a protracted illness when he was a child.

It seems that the youth and father were so deeply incompatible that they were rarely able to approve of one another's work. "It would seem that his father neglected and flogged him by turns," and the following quotation from a letter of the father to his son reveals his utterly uncompromising attitude toward his son. (Such an attitude between any two people who are unable to avoid one another must almost inevitably lead to a disastrous climax.)

The letter read: "Soon after your mother's death our family became somewhat scattered. I was much away from home, and gradually for the want of fidelity on my part, you became more and more insubordinate, for the want of proper discipline and restraint, until I lost all, or nearly all, the control of you, which I had the right, and ought to have exercised as your father. Indeed, my discipline was absolutely loose, etc." (Thus, the father had to justify his abnormal domination of his son.)

As a youth, Guiteau was considered to be egotistical, unfriendly, restless, brooding, irritable, cowardly, and, according to North, upon one occasion, *attacked his father from behind while he was seated at the table.*

Judge Porter, in closing the argument for the prosecution of Guiteau for Garfield's murder, spoke a deeper truth than he per-

haps realized when he said: "*The spirit in which at forty he fired at Garfield [from behind] was the spirit in which at eighteen he struck his father from behind.*"

There is no doubt that the father was absolutely obsessed with a bitter hatred for his son, which worked under the ethical disguise of driving the devil out of him and only resulted in hopelessly confusing the son's affective interests in life.

At eighteen, he entered a school at Ann Arbor, but as usual, was unable to obtain his father's approbation for this preparatory interest in life. He seemed unable to become attached to anything definite, probably because of his father's persistent negation and resistance. He was unable, on the other hand, to leave his father alone or his father, to leave him alone. While his son was at Ann Arbor, the father, who had joined the Oneida religious-socialistic community, sent him their literature, which resulted in the son finally abandoning college to devote his life "to Christ" and this community, being, as he wrote, "attracted here by an irresistible power, which I was not at liberty to disobey."

After five stormy years in the community, he abandoned it "to give Jesus Christ a daily paper, 'The Theocrat.'" While in the community, Guiteau's eroticism and egotism caused his father and Mr. Noyes no little anxiety to prevent him from corrupting their teachings with licentious interpretations. From what followed later, it is apparent that "The Theocrat" was an attempt to supercede his father and the founder of the community. Because he had no funds or preparation upon which to base or support his newspaper project it seems to have been nothing more than a wild self-aggrandizing fancy. His uncle Maynard thought "he was going as crazy on religion as ever his father was." The newspaper project fizzled out and he returned meekly to the community only to leave in a few months, now openly hating his father and Noyes, the leader, and writing vindictive open letters about the licentious practices of the community.

From this time, in 1866 (aged twenty-four), until the shooting of Garfield, he worked as a newspaper reporter, studied law, lectured on theological subjects, and wrote a book on "the second coming of Christ." The book shows that he had strong affective repressions that were interested in a rebirth, a second coming forth of Christ, which was himself.

As a lawyer, he never won a case, and as a theologian and politician he scarcely made a living. He was immoral, a plagiarist, dishonest, bigoted, unfriendly, crooked and a dead beat. He tried to blackmail the Oneida Community and boosted numerous wild business projects with no success. He was utterly unable to control his impulsive cravings and reach a comfortable, efficient affective state. He was divorced for adultery by his own procurement, dismissed from the Church on charges of gross immorality, and "his life pleaded guilty to all the sins of the Decalogue except profanity, smoking and drinking" (Goddling).

Evidence was given at his trial (1881) that at thirty (1872) he had said in a discussion that he would someday gain notoriety, if not by good then by evil, and shoot some public man as Wilkes Booth had. (Guiteau was twenty-three when Booth shot Lincoln.) The statement at the time was regarded as a bit of nonsensical braggadocio, but was damaging evidence nine years later.

From thirty-five to thirty-seven he entered the lecture field of theology and left behind a trail of board bills and incoherent harangues on the second coming of Christ, quitting finally after he "had worked the inspiration out of him."

In 1880 (aged thirty-eight), he attached himself to a Republican campaign committee in New York, wrote an inconsequential speech on "Garfield against Hancock" and gave one or two addresses to negro meetings. During the campaign, he remained a faithful hanger-on at the Republican campaign headquarters.

Even before Garfield was elected, he wrote about marrying an Austrian heiress and asked to be sent to the Austrian mission, basing his claim for consideration "on the principle of first come, first served." After the election, he repeated the request, and, on the day after Garfield's inauguration, he arrived in Washington. His method of forcing himself upon the attention of President Garfield by pressing his way into his private office during a conference, handing him a printed copy of his speech with his name and request written on it, should at once have called attention to the eccentric, persistent, egotistical attitude of the man.

Goddling's review of the behavior and character of this man up to this time leaves no doubt but that the man was probably sexually perverse and certainly inclined to wild flights of unreasonable conduct due to his obsessive inspirations and unbounded

paranoid egotism. Godding appeared for the defense and testified belief in his insanity, and later wrote a review of the case of Guiteau in which he justified his opinion. A. W. Hamilton testified that Guiteau was a malingerer and, half a century later, in his "Recollections of an Alienist," he repeated his opinion. Without entering into a controversy as to whether or not he malingered, Guiteau's history shows that something prevented him from becoming a reliable, constructive member of society, and that he had wild religious inspirations, was extremely selfish, egotistical and dishonest, and was sexually a very inferior type of man. For the psychopathologist, this is sufficient evidence to show that the man was a psychopath because of affective repressions and not because he planned to be so.

His book on the second coming of Christ indicates his interest in a future happier rebirth. The heiress, whom he wrote President Garfield about, was a Sunday-school teacher whom he had seen but never spoken to. However, true to the paranoiac's estimation of his love-object, he believed she would marry him if he was appointed. This belief, of course, held the President not only responsible for Guiteau's honors and economic position, but, also, in so far as Guiteau seemed to feel, for his marriage to an heiress and the rehabilitation to a happy state of his heretofore misguided, wretched life through the "second coming" of himself as a Redeemer.

Similar to Case AN-3, the pressure of poverty was forcing him to a desperate solution. In March, 1881, he wore the last year's summer clothing and appeared in a Senator's office in sandal rubbers, without stockings. This may also have had a religious significance.

A few weeks later, Secretary Blaine sharply told Guiteau "never speak to me again on the subject of the Paris consulship." This attitude placed a hopeless barrier between him and the Austrian mission or the Paris consulship. While brooding over this, the rupture occurred between Garfield and the New York "stalwarts." Garfield had appointed Blaine and was responsible through other appointments for what the New York Republican stalwarts claimed was the ruin of the party, the empowering of the Democrats, and the ruin of the country. Garfield, and not Blaine, Guiteau seemed to feel, was responsible for the refusal; and Arthur, the Vice-President, he thought, would treat him with

more consideration. The logical solution would be the "removal" of President Garfield and the placing of Vice-President Arthur, "a friend," in power, the liberation of the Republican party from betrayal, and the saving of the country from the Southern Democrats. This removal of Garfield would, therefore, arouse the gratitude of the American people. He would be handsomely rewarded and the spirit of the flood-tide might even *sweep him transcendently into the presidency*. By a miraculous turn of events he would attain the fittest place in the social herd and his struggles would be eternally solved.

No evidence is to be had that, in this hour of fancied triumph, he thought of the damnatory repressions and prophecies of his father. Other men in their hour of triumph are often briefly conscious of their old, hateful enemies, of old deficiencies and struggles, and weep with joy. The conception that the "removal" of Garfield was the thing to do was significantly clarifying in its affective value, feeling it to be an "inspiration from God," that is, from the deepest levels of the unconscious. In a psychological sense, it relieved the affective repressions of his youth just as Case AN-3's inspiration did, by destroying the cause of the repressions.

There is no doubt that at this time there were many disappointed politicians who were hoping that something "legitimate" would interfere with Garfield's career. The point I wish to emphasize is that Guiteau's aborted affections, due primarily to the repressive influences of his tyrannical father, combined with his destitute economic and political position, which did not give enough material with which the old repressed cravings might work, his sexual perverseness, and the half-suppressed animosity in certain quarters against Garfield, the ruler (father equivalent), determined and inspired the nature of his act. Guiteau's affective constitution made the act of shooting Garfield probable when he was forced into a submissive position by Secretary Blaine's attitude. The soundness of Blaine's attitude, and the utter irresponsibility of Guiteau for the position he demanded, had no special significance for the repressed affections.

About the first of June, Guiteau's conflicts and struggles were solved by the "inspired" idea—"the removal" of Garfield. His manner of carrying out the scheme of the assassination may be abbreviated. He planned it for several weeks and, on one occasion, succeeded in getting near Garfield with a loaded pistol, but the

helpless dependence of Garfield's invalid wife clinging to his arm influenced him to postpone his act. Mrs. Garfield, "the first lady of the land," probably aroused to an influential extent the old impressions of his invalid mother. He could not destroy this resistance to his wishes (father equivalent) in her presence.

In July, 1881 (aged thirty-nine), he approached his unsuspecting victim from behind and fired two bullets into his back. He had made careful preparations to protect himself from the mob, and had prepared an heroic appeal "To the American People" to explain his act and win their approval. His stupid selfishness and utter lack of insight into the true value of his act convinced Godding that he never expected to be tried. He only prepared for flight to the jail to escape the mob.

His "Address to the American People," dated June 16, 1881, nearly three weeks before the assassination, says: "I conceived the idea myself and kept it to myself. I read the newspapers carefully for and against the administration, and gradually the conviction settled on me that the President's removal was a political necessity, because he proved a traitor to the men that made him, and thereby imperiled the life of the Republic. [Guiteau believed he had helped to make Garfield president.] In the President's madness he has wrecked the once grand old Republican party, and for this he dies." (Similarly, Case AN-3 felt that his former director was causing the ruin of his department.)

Two days after the above address, he wrote in a letter:

"The President's nomination was an act of God.

"His election was an act of God.

"His removal is an act of God's.

"(These three specific acts of the Deity may furnish the clergy with a text).

"I am clear in my purpose to remove the President. Two points will be accomplished. It will save the Republic and create a demand for my book, 'The Truth.' (On the second coming of Christ, the Redeemer.—See page 10.) This book was not written to make money, but to save souls. In order to attract public attention, the book needs the notice the President's removal will give it."

Had these letters and the man's ideas become known before the act, he would surely have been sent as insane to the Govern-

ment Hospital for the Insane. At present, he would be classified as a paranoiac.

After the assassination, the man elaborated his defense and, characteristic of the egotistical paranoiac, he maintained that "God and one man are a majority," he being God's inspired man.

The fact that Guiteau sincerely believed his assassination of the President would make him a popular hero also showed his utter lack of judgment and insight, and his insanity. His feelings told him that if he removed the oppressing influence in his life he would attain his biological potency. In a man whose altruistic and egocentric interests balance well, this is a truth. "Ye shall know the truth, and the truth shall make you free." But, in a pathologically distorted personality, the struggle for truth and freedom and its inspiration are liable to have disastrous consequences.

It is probable enough to deserve consideration that Guiteau's "inspired" destruction of an innocent man, who had become through his office and political relations a father equivalent, would never have occurred had Guiteau's affective functions, in his youth, not been so pathologically abused and repressed by a sincere, but unnatural father. He was never able to attain a state of comfortable affective composure and maturity. The affective value of his crime to him is to be measured by his dreams of what it would bring—a consulship in Paris (his ancestors were French Huguenots), an heiress and, perhaps, the Presidency. This would be a complete domination of the social herd and give him its approbation of his fitness, which would rectify his ineradicable sense of biological inferiority as a "devil's seed," which had been present since his youth. The second coming of Christ as a compensation for his sexual perversions needs no further comment.

The case of J. Wilkes Booth (Case P-5), who assassinated President Lincoln, can only be briefly discussed to show that the sincere, but tyrannical, oppressive attitude of the father, Junius Brutus, was one of the important determinants of the act, and "Sic Semper Tyrannus" had a deeper significance than a reference to the most democratic and fair minded Lincoln.

Booth's father, according to A. W. Hamilton\* was excitable, licentious, unbalanced and cruel. In his acting, when he played the character of an assailant, he did it with such sadistic delight

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\*"Recollections of An Alienist."

that he was often cruel and cut his adversaries upon the stage "in sheer wantonness and bloodthirstiness." He surely had a repressed hatred for some oppressor in his youth, for as an adult he had an uncompromising hatred for oppression and, yet, he himself did not hesitate to take a brutal advantage of others. The youngest son, J. Wilkes, was named after an English agitator, and the oldest son, Junius Brutus, was named after his father and the deluded Roman liberator, an assassin.

As a boy, J. Wilkes Booth was unstable, suspicious, morose, had fits of melancholy, was wayward, and one time ran away from home (a protest against its tyranny) and joined the *pirate* oystermen of Chesapeake Bay. At other times, he was gentle, winning and lovable. In school, he learned with difficulty, and later doted on sentimental verses, which he was fond of reciting. His morbid, brooding periods, as in most young men, were probably due to sexual difficulties which are usually later compensated for as inferiorities.

He compensated by being vain and grandiose. He was inclined to be dissolute and dissipated. At times, he had a speech impediment that may, possibly, have been pathognomonic of the nature of his personal deficiencies.

After he shot President Lincoln, he is reported to have leaped upon the stage with a bowie-knife in one hand and a smoking pistol in the other shouting: "Sic Semper Tyrannus—Virginia is avenged!" This dramatic manner displayed his grandiose, self-exhibitionistic cravings. There is more than a coincidence in the father's selection of names for his sons and the assassination of Lincoln. The name Brutus always suggests the assassination of Cæsar, and the father's sadistic bloodthirstiness on the stage was caused by the craving to attack some person superior to him. The morose J. Wilkes, oppressed by the father, unconsciously became fertile soil for this suggestion. It is believed that a gang of anarchistic plotters used him for their tool, but his affective repressions made their suggestions acceptable and pleasing.

(The writer does not hold that every case of severe affective repression in youth, due to the father's hatred or a father equivalent's, will lead finally to a parricidal or treasonable compulsion. It is only held that such affective repressions produce a revolutionary character, which, if given an appropriate repressive setting during maturity, will then converge upon the parricidal act.

Without the rather specific type of affective repression in his youth, he would be invulnerable to parricidal suggestions later on.)

The sexual inferiority may not become plainly evident, the individual indulging in a series of wild heterosexual experiences, until the social or vocational obligations or a failure in a mating attempt emphasizes its presence. There may follow then a desperate effort to compensate in some particular manner which is designed to attain social esteem. The repressed affect, as in the following Case PD-1 may finally become dissociated from the *ego* and be considered by the individual *as a foreign power or personality which is trying to coerce him into most perverse forms of behavior*. This dissociation may become chronic and endure for many years, in the following case, over fifty, without causing an otherwise marked deterioration of the personality. The compensating fancies may also become very eccentric and, in turn, arouse society's suspicions and ostracism, or they may win unusual honors, but fail to relieve the repressed perverse craving.

In Chapter I it was emphasized that for the psychopathologist the individual case is always a problem of repressed or suppressed, and suppressing autonomic cravings. The repressed craving persists in its efforts to solve the resistance. The nature and intensity of the two opposing forces determine, as a resultant, the behavior of the individual and cause the symptoms or distress. The repressed affective cravings and the resistance are always complicated and can not be summed up in a word, but in their persistence, intensity and requirements, they have well-defined characteristics that enable the psychopathologist to classify them.

When the affective cravings require acts and objects that would irrevocably stamp the individual as being perverse or degraded, and they *are intolerable* to him, the individual makes intense efforts to repress the cravings and compensate for them so as to attain biological fitness and win social esteem. The repressive-compensatory striving is necessarily intimately associated with the repressed craving which remains active although submerged. The intensity and nature of the affective cravings, therefore, determine, fundamentally, the intensity and nature of the compensatory strivings. Since both forces must be satisfied through the individual's behavior, symbols are often substituted for reality, as a compromise. The compensatory achievements, as

one would expect, are usually all the patient cares to tell the physician. The rest he wishes to remain unconscious of and hates to have recognized.

When the repressed cravings become too vigorous to be controlled, the conflict often results in a serious dissociation of the personality. In the completely dissociated pernicious states, the individual maintains that the hallucinations and other sensory disturbances are caused by some personal influence that is wholly foreign to his own personality. The physician must be constantly on his guard so as not to accept this explanation by the patient. The point may well be emphasized here that the degree of conviction with which the patient maintains that sensory disturbances are produced by some foreign, mystic, or personal influence, and the degree of systematization of his compensatory defense, indicate the degree of dissociation and its destructive prognosis.

The repressed cravings may become continuously very active, forcing a constant problem for control upon the patient, or they may be intermittently active, depending largely upon the environment, forcing an intermittent volcanic type of psychosis.

The following Case PD-1 shows clearly the nature of the affective craving he had to struggle against, its surprising persistence, and a most remarkable compensatory striving and castration defense.

Captain ——— was born in 1834, in Ceylon, India. His parents were missionaries with strong religious convictions. The mother died when the patient was six, and, at fourteen, he was brought to America to be educated. (He said, when an old man, the wild, naked children of Ceylon made a vivid impression on his mind as a child.)

He had no other serious diseases than septicemia and typhoid at twenty-eight, from which he made a good recovery.

At twenty-nine, he graduated from Yale Medical School, and entered the Army at the close of the Civil War. He had, up to this time, shown excellent capacities as a student and physician, and for his services during a cholera epidemic on Governor's Island, New York Harbor, he was brevetted by the Government.

At thirty-two, while at Governor's Island, he began to carry a revolver, which seems to have been the first overt indication of uneasiness. He was engaged to a New York girl at this time,

and her mother strongly opposed the marriage, finally causing the engagement to be broken. (He would make little comment on this affair except that he did not really love the girl because a man who had had "forty or fifty" sexual affairs with women could not feel love. He considers himself to have been extremely licentious up to this time, and is inclined to be pleased to exaggerate the sexual activities of his twenties.)

Later, he was stationed in an army post where he devoted considerable time to painting water-colors, but lost interest in his work as a surgeon. The course of his behavior in the years immediately following his unhappy engagement gives the impression that he passed through serious emotional disturbances. He became more and more irritable and suspicious. Then he had a "severe sunstroke" attended by "some mental disturbances."

He finally challenged an officer to a duel because he believed the man was the leader of a movement to persecute him.

At thirty-five (1869), he was ordered to St. Elizabeths Hospital for observation and treatment. The meagre records of that period give the diagnosis of "homicidal and suicidal mania," but include no account of his behavior or the content of his psychosis. From later evidence, it is certain that he was struggling to repress homosexual cravings.

He has always been reluctant about discussing this period of his psychosis, but, recently (1917), he gave the information that he felt himself to have been persecuted by secret societies who exposed him to sexual indignities at night. Because of this, he violently protested, and tended to attack anyone who had a sinister effect upon him. This desperate state of mind lasted about one year, when gradually, he changed his attitude about the officer he had challenged to a duel and admitted he had been wrong. He studied everybody at this time to understand his own persecutions, and finally concluded that "they" (not referred to any one in particular) had some secret power with which "they" were trying to force him to submit to licentious practices. He was discharged after eighteen months, as a social recovery. This action, however, proved to be a mistake.

At thirty-seven, he left America for England to escape the persecutions, spending most of this time "sight seeing" in London. He had entirely lost interest in his medical work. In Eng-

land, the persecutory cravings grew worse, and he developed the conviction that while asleep he was often taken from his room and later returned after being subjected to sexual indecencies. He believed that many young women used him for sexual purposes and among them were "some of the first ladies of England's nobility." He fondly, blindly aggrandized himself with these dreams and fancies and cherished the names of many prominent English people as having been attracted to him sexually.

He firmly believed that he heard "remarks" and read articles which "proved" that women spoke of his penis as being the "biggest thing in the world." He received several pamphlets with some such title, which, although they were not on a sexual subject, he insisted, subtly referred to him in that light.

The nature of such cherished fancies as a compensation for the terrifying homosexual undercurrent, which he was struggling against, is so obvious it needs no discussion. The important feature in this case is the extraordinary nature the compensatory fancies finally assumed and how they themselves became an additional pathological influence in his life.

The seductive dreams were as vivid as the real experience could have been, and the patient suffered keenly from them. He tried to obtain passports for France to escape the persecutions. At night, he guarded his rooms, or often wandered the streets to keep from sleeping, always carrying a loaded revolver. The inevitable disaster finally came, as is usual under such conditions, by merely the addition of a suitable, though innocent factor.

One night, before a passport was secured (aged thirty-eight), he shot an innocent man. The following account of the episode was received many years later from the criminal asylum in which he was confined after his trial. It can be accepted as reliable in its essential points.

"He had been tried at K—, shortly before his admission, on a charge of murder, and acquitted on the ground of insanity. His offense consisted of shooting with a revolver and killing a man in the Belvedere Road about 2:30 a.m. The man was on his way to work at the time when he was shot. Captain—, labored under the delusions that persons, who were unknown to him, entered his bedroom during the night, for the purpose of annoying him; and, in order to punish his supposed tormentors, and, also, for the purpose of proving to his friends that he was right in saying that

persons did really enter his room, he took a loaded revolver to bed with him, intending to shoot one of his tormentors in his bedroom."

"One night, he awoke with a start, and fancied he saw a man at the foot of his bed. He took the revolver from under his pillow, intending to shoot the man, but, he says, the man was too quick for him, and ran out of the house. Captain— followed, and, thinking that a man whom he saw in the street was the man who had been in his bedroom, he fired at him repeatedly, and killed him. Captain— is still insane, and still has the same delusions respecting persons coming into his sleeping room at night. His bodily health is moderately good." (Dated April 25, 1910.)

After his commitment to the English Asylum (1872, aged thirty-eight), his case did not materially change.

The almost nightly hallucinatory experiences continued throughout the next thirty-eight years in that asylum. Visual, auditory, gustatory, and other sensory disturbances tended to confirm his beliefs in the persecution. "Remarks" by the people around him convinced him that they were familiar with his experiences.

He fought against the homosexual dreams, but enjoyed the heterosexual dreams, and considered both forms to be real experiences, not dreams. At sixty-five or so, he began to seek relief from the visitations of the women, and finally, passed through a religious conversion in which he "accepted Christianity." He tried every possible means, as he sincerely thought, to save the young women, and, finally, "conscientiously" amputated his penis (aged sixty-eight.) He secretly performed the act with a pocket-knife after taking due surgical precautions. (This defensive elimination gave him no relief from the erotic cravings.)

At eighty-three, in discussing the act, he said, earnestly: "I cut it off because of the enormous size of it. I cut it off for a real, considerate reason, because it was so attractive to others. It was not a haphazard sort of thing, but seriously considered to protect young women." He explicitly added that it was not done to prevent masturbation.

During this (forty years) period of almost nightly hallucinatory experiences of a type that certainly results from serious erotic cravings which work independently of the *ego*, and into which he had no insight, he made a long series of brilliant contribu-

tions to the Oxford Dictionary, becoming recognized by the university as a lexicographer of most unusual ability. He was accorded, under dramatic circumstances, an honorary visit by the editor, and received complimentary mention from newspapers and magazines. Besides his literary interests he painted and learned to play the flute.

At seventy-seven, he was transferred to the United States and admitted to St. Elizabeths Hospital. Upon admission, his physical condition was excellent, and his mental integrity surprising. At eighty-four, he is still an ardent reader and a serious thinker. His tall, slender, stooped figure, his keen eyes, finely cut features and white beard distinguish him as a scholar.

Upon several occasions (aged eighty-two, eighty-three and eighty-four), he told me of his experiences and his life history. Each time, the story was about the same as the above in its essentials and corresponded with the hospital records.

At present, he barricades his door each night, to prevent the entrance of abductors, by leaning chairs upside down against it, so that if it should be opened their fall would awaken him. He says his experiences usually follow a deep sleep. He may or may not be awakened by his abductors, but finds himself in some unusual place, such as a strange house, on a boat, in a carriage, etc., where he is forced to submit to the sexual play of women, mostly young, and even of little girls. He carefully avoids including men, but admits that men also visit him. (It is noteworthy that he will not permit men to enter his room at any time, and rarely speaks to the men on his ward, but is always pleasant to women.) He speaks of his experiences as occurring "like a dream," but makes the firm insistence that they are real, and ventures proofs that he hears "remarks" made on the ward about how his keepers *make money out of him*. He has noticed that the bottoms of his pajamas have been soiled, which proves that he has been led through the grounds. At times, he becomes agitated about his tormentors, and complains bitterly. Upon such occasions he has threatened to commit suicide if not relieved. He says they have a metal funnel which they use to pour food down his throat and engorge him until his stomach overflows. They also "peck at my eyes" and "hammer my finger-nails." At times, his delusions become quite fantastic. Upon one occasion, he described his tormentors as *pigmies* who hide in the ceiling and cracks in the floors to acts as scouts for

the people of the underworld. Sometimes at night he runs panic-stricken and yelling out of his room, because "they" are trying to carry him away. He particularly emphasizes the food which he says is often pumped into him in great quantities and is often contaminated with excreta to punish him. He can taste the excreta the next morning, and tends to attribute all spontaneous or unpleasant physical sensations, such as inflammatory conditions of his larynx or nasal passages, to the practices of his enemies. When he had a mild otitis media he attributed it to the "scoundrels" using an electric battery on him.

He does not fancy that he is a Christ or an apostle, but believes that Chapter II, Book of Mark, refers especially to his case, and Christ "must have foreseen" his trials, which indicates feelings of an unusual relationship between himself and Christ.

(When I explained to him that cases having similar hallucinatory experiences were quite common, but that the younger men usually became so severely disturbed by the experiences that they were unable to adjust themselves, he gave the opinion that he had been saved through a deep acceptance of Christianity. "Book of Mark, Chapter II," he says, "was written as though Christ had foreseen all this abominable stuff which I have been receiving" (referred to excreta in his mouth). With solemn conviction he said the chapter meant "nothing can enter into them from without to defile the body. It must start from within and it always seemed to meet my case. I'll say it was a great consolation to know that there was nothing in the world could enter man except that which came out from him. They are angry with me because I would not lie down with them. I endure it for Christ's sake."

He discusses his experiences with striking conviction and firmness, and his reasons are expressed in scholarly English. He feels that he has given the subject of his persecutions years of careful study and has concluded that a secret society abducts him bodily when he is in a profound sleep. This subject, he treats as if it were a scientific problem.

He frequently comments that it is strange that attractive women should continue to pursue him since he has grown old (eighty-four) and has amputated his penis. This amputation does not stop them, and this, he reluctantly, solemnly confides, is probably due to the "persistence of the priapism" though his penis is "only one-third of its former size,"

At present (eighty-five), he is more inclined to dwell on the persecutions of men than women, and frequently he comes to my office for assistance. Recently, he has begged to be castrated so as to prevent women and men from abusing him. He often directs me how to make investigations for him, and slyly adds that I should notice the "*manner of the reply more than what is said.*" He feels at present he is being prostituted by the ward attendant, and often threatens to assault patients for their supposed persecutions.

To sum up, he was raised, until fourteen, among the savages of Ceylon by a very religious father. From about twenty to thirty-two, he was promiscuously erotic, and, upon the failure of his engagement, become impotent, irritable, asocial and suspicious, and finally, passed through a homosexual panic. Although he apparently recovered and was discharged from an asylum, the hallucinatory sexual difficulties persisted, and, to escape their supposed causes, he traveled about the United States and England. Finally, in a nocturnal panic, at thirty-eight, he shot an innocent passer-by. From thirty-eight to eighty-five, he has lived in asylums and continued to experience the hallucinatory sensory disturbances of homosexual and heterosexual form, but predominantly the former. The man was probably heterosexually impotent, of undersized sexual development, and suffered from ejaculatio præcox. He compensated with fancies about being sexually, unusually potent. Despite these hallucinatory and persecutory difficulties he became a world-famous lexicographer.

At sixty-eight, he amputated his penis to save the (hallucinated) women and children, and, at eighty-five, he begs to have his testicles excised for the same purpose. He believes he is intimately associated with Christ and is religious, but has no mission.

His most annoying sensory disturbances, due to excreta in his mouth, definitely indicate the oral eroticism he has struggled against. As an interesting sublimation he made a wonderfully refined contribution to the origin and use of words.

His attitude, at eighty-five, to control his eroticism, is similar to his attitude at thirty-two. Probably the congenial nature of the asylum in which he lived made his classical sublimation possible, because his superintendent (father-equivalent) turned over a well-equipped library to him and had a personal pride in his productions.

No skeptic, no matter how orthodox and conservative, can read

the above cases without feeling some respect for the seriousness of the struggle which males and females are forced to undergo when their sexual affections become fixed upon homosexual objects and perverse mannerisms. The decisiveness and chronic persistence of the dissociation of the personality of this brilliant philologist is unquestionable. His homosexual and perversely oral erotic cravings, which obtain gratification through hallucinated forms of sensory disturbances are unquestionable, and his anxiety and tragic struggle, ending with self-castration, must be accepted as a biological (sexual) struggle to save himself.

Before pursuing the mechanism of the acute panic with acute dissociation of the personality, which, in turn, leads directly into the nature of the biological struggle of the so-called dementia præcox group, it is probably worth while to illustrate with further cases other ways in which men and women struggle against the homosexual cravings, and desperately strive to establish comfortable heterosexual powers.

Some men fight for years against homosexual tendencies, and finally marry, in an effort to save themselves. Such marriages, as a rule, end disastrously upon the patient's experience showing that he is heterosexually impotent. He may develop feelings of having been betrayed by his wife, and justly or unjustly blame her for having caused his impotence through the infidelity of her wishes. The usual cause, which he refuses to recognize, is, however, his self-love and homosexuality. It is certain that men are often psychically castrated by frigid, homosexual women (Cases PD-7, PD-8) and, though impotent with one mate, may enjoy a comfortable potency with an appropriately constituted mate. In such cases, it goes without saying that a remarriage is almost necessary. Such cases should be differentiated from fixed homosexuality.

Some males, who have a very small margin of heterosexual potency, and lose it soon after the novelties of the marriage become commonplace, secretly try almost every conceivable expedient to reach the coveted biological goal. Many are doomed, however, because of the conditioned nature of their autonomic functions and lack of insight, never to quite reach a comfortable potency, and, if hatred for their more potent rivals should develop, the individuals become incurable.

A salesman (Case PD-5), about thirty-five, who had kept him-

self popular with a certain "bunch of sports," not realizing, it seems, that he was living a crudely sublimated homosexual existence, finally married an attractive young and inexperienced woman. His behavior immediately following this marriage showed that it was hastily consummated to ward off a possible disaster from the cumulative effects of whiskey and his perverse eroticism. The plan failed.

Within a few months, the man began stimulating himself to retain his potency, taking whiskey to bed with him. Upon several occasions, he attempted sexual perversions (this tendency is characteristic of apes when sexually fatigued), and, finally, he exploded with an outburst of jealous invectives about his wife's betrayal of his affections, although he had no justifiable grounds for the suspicion. He became dangerous, but, before a tragedy occurred, he was sent to a hospital. He rapidly developed a homosexual panic in which he hallucinated homosexual assaults and thought himself a sort of "white slave" in a house of homosexual prostitution.

After several months of anxiety and hallucinations, he began most intense efforts to control the homosexual compulsions, developing a compensatory system of telepathic communications and an omnipotent social-reform scheme that would be backed up by a wealthy aristocracy. He made strenuous efforts to regain his health, and, finally, emerged a very tense, sullen, suspicious, delusional man, decidedly dangerous. His wife had to seek a divorce, and he, after the eccentric attempt to master himself, has regressed to a mother dependence, where he apathetically dreams but will not work. (His marriage was a desperate attempt to save himself from disaster.)

The following cases illustrate variations of the marriage attempt to escape from homosexual tendencies. A college professor (Case PD-6), about thirty-five years of age, had to leave his university because of unfounded feelings of being persecuted by the college president. He felt the president had evidence about his practices of heterosexual perversions. To escape "persecution," he went to a foreign country to study, but only brooded over his wretched condition.

An inspirational type of solution began upon seeing an attractive, refined young foreign woman in a café. Without introduction, he proposed to her through letters to her parents, and,

after a series of letters they actually became engaged, even though by the time the engagement was consummated he had returned to America, had passed through a homosexual panic, and attempted suicide. At the time of the acceptance of his proposal, he was being treated in a hospital for an elaborate system of paranoid delusions of persecution centered about his former president. The feelings that he should be persecuted were intimately attached to the feeling of being sexually perverse. The impulsive engagement was a desperate attempt to solve his dilemma through marriage.

The following cases illustrate the same mechanism:

Case PD-9 was a tall, strong, wiry man about forty-four years of age. He had served since his eighteenth year in the army and, through efficiency, attained the rank of sergeant major. He also received an honor from Congress for conspicuous bravery during an engagement in the Spanish-American War. As a soldier his record was "excellent."

The patient's father was a chronic alcoholic, and one brother, he said, had "mental trouble."

Dissatisfied with his home and school, he settled his troubles by eloping at fifteen. He maintained himself quite well by working at odd jobs until eighteen, when he enlisted in the U. S. Army.

He had several gonorrheal infections, and, at thirty-two, had a chancre followed by skin eruption which was diagnosed as syphilitic and treated as such. He maintained that because of syphilis he had postponed his marriage.

He thought people had imagined him to be a "moral pervert" since his twenty-fifth year. When about thirty-two, he had a homosexual experience and an anxiety type of psychosis, the nature of which he would not disclose, although it was serious. He readjusted well enough to keep his difficulties concealed, although the course of events indicates that at no time was he really ever free from homosexual cravings. Like many such men, he was an alcoholic.

At forty-four, he married a woman whom he had known casually for several years. This was a sudden change in his course of living, and it surprised those who knew him.

Just previous to his marriage, he had complained of feeling weak, tired and forgetful. He went to a Western city on a furlough, evidently to recuperate, and married, hoping to solve his sexual problem. He felt that he was being "hypnotized" by some

people while in this city, but would not explain what their influence was. When he returned to his company, a friend, he said, informed him that the woman he married had a questionable reputation. The charge, he said, became "*fixed*" in his mind. He became *morose, seclusive, and constantly brooded about his sexual difficulties*. Impulsive feelings developed, accompanied by voices which prompted him to commit murder and suicide. The murder probably meant that of his wife. He shunned and accused her of immorality without facts to substantiate his beliefs. Auditory and visual hallucinations bothered him in the form of what he called "telepathic communications" and "dreams." He was not absolutely sure of their reality, and dragged out a long period of indecision as to whether or not he should obey the voices.

He *slept insufficiently* because of his *anxiety* and *dreams*, one of which is quite typical. He dreamed of a death-chamber in which he saw his wife in a red dress, and on the wall was written: "This is the life."

When he was admitted to the hospital, his homosexual eroticism had become so active that he believed poison was administered *in his food*, and *electricity* was forced into his body from batteries in the wall. He *spit almost continuously* in order to keep his mouth purged, because, he said, it was the only way he had of clearing himself of sexual perverseness. (He was experiencing vivid gustatory sensory disturbances.)

He became *retarded, suspicious, and very cautious* about his answers, and decidedly *fixed in his emotional reactions*. He had *no sense of humor, never smiled*, and talked in a low, serious, ominous tone of voice. His features were tensely set, lips compressed, and his eyes stared into space. Frequently, the upper eyelid became so much retracted as to expose the sclera above the iris, decidedly the exophthalmic stare. He was inaccessible, on the defensive, had no insight, and was inclined to feel that the homosexual struggle was forced upon him by others. He gave the general impression of being a desperate man. Pertinent questions were met with a sullen, threatening stare, and he usually walked away or refused to answer.

He said that his wife tried to poison him with strychnine, and her kisses turned his lips "to ice." He was reserved and very formal in his behavior when she visited him.

He was always neat, seclusive, and wanted special privileges

in order that he might treat his illness in his own way. *He complained that some force was making him think of his "whole past life"* (Regression of the love affect after mismating). The thoughts were unpleasant, and, by frequently *jerking his head*, he found he could get relief and think of something else. He said: "I can think of you or any person and it seems to stop it."

He felt a force "drawing at the heart" as if something "pulled on it." Then he added, "I feel drawn toward you." (During another interview, he spontaneously left his chair and lay down on a bed. He seemed to expect some procedure to follow this. He did this, he said, because he felt that it was wanted of him.) He gave every evidence of having to make a desperate effort to control powerful submissive homosexual cravings.

He indifferently performed the intelligence tests with many mistakes of memory, indicating marked preoccupation. He was accurately oriented for time. Later, he performed the intelligence tests very well, apparently being better able to coordinate his interests better.

His general attitude was characterized by sullen indifference to advice. He tried to smooth over his difficulties with his wife, and refused to discuss his past suspicions about her infidelity, but stubbornly maintained that he believed she was faithful. He usually seemed willing, and at times glad, to see her, but his preoccupied manner of staring at her indicated that all was not going as smoothly as he tried to make the physicians believe. His behavior varied from fairly efficient cooperation with the ward-work to periods of anxiety, resistance and refusal to cooperate and to eat.

He complained bitterly of the electrolier and batteries in the wall shooting electric currents through him and burning his skin. He persistently asked for medicine to cure a weakness caused by dreams—namely, frequent nocturnal emissions without an erection.

This erotic difficulty and defensive tension subsided after several months. Later, he explained the cause of his behavior, as follows: "I was considerably mixed up. I imagined that little pieces of stone and plastering which I saw near the baseboard on the wall were electric magnets, and that these had an influence on me and kept charging me with electricity." During this period of "electric shocks," etc., he frequently had nocturnal emissions, but

was not observed to masturbate. He said, further, *with conviction*, that he now regarded the voices he had heard and his ideas about his wife as "imaginary" and due to a "mental derangement." He was given a parole and permission to direct his affairs to some extent, but not allowed to visit the city with his wife. He promptly eloped, but returned two days later of his own accord. His brooding continued, and again he eloped several weeks later, returning again because he had become confused. He refused to cooperate, and tried to convince us that he loved his wife.

*At no time were we able to persuade him to talk over his personal problems.* Fourteen months after he was admitted, he made a final elopement, and persuaded his former commander to give him some occupation. Because he threatened to commit suicide if forced to return to the hospital, and upon the assumption of responsibility by his commander, he was discharged. He refused to live with his wife, convinced of her infidelity and sent her back to her family. (He impressed his commander as being "normal" despite this knowledge of his grave homosexual difficulties. Because of the secret nature of his struggle, the tendency to become confused by hallucinations, and his desperate efforts to fight off his homosexual cravings, we felt that the prognosis was bad.

His wife was a quiet, patient, healthy woman, submissive to his demands and eccentricities, and wholly without insight into the nature of his struggle. She reported that he had always been potent, and he claimed as much, but the content of the psychosis and his behavior make their statements unacceptable. (It has been a general experience that the statements of men and women under such conditions are usually not reliable.)

The tragic ending of such desperate struggles is well illustrated by the following case:

Case PD-10 was a man twenty-three years of age, married, rather undersized, but well muscled, very active, had a well-formed head and face, and liked to be considered handsome. He was fond of displaying his cleverness and worldly knowledge, and made a determined effort to be considered a man of the world by his associates. He looked very much of a "dandy."

His family history contained no indications of an inherent psychopathic taint. He was a healthy, active boy, learned well at school, and was fond of sports, but girls made him "nervous." As a student, he was indifferent, and left high school to work as

a stenographer. At twenty, he attended night school, but abandoned this at the end of a year with an indifferent record. He spent all his earnings as a sport and frequenter of the red-light district and certain saloons. He considered himself to be a hard worker, which was not substantiated by actual endeavors, but, because he was always on the lookout for a scheme to get rich quick, he felt himself to be superior to the other clerks. (A not uncommon method of overcoming the inferiorities of poor ability is to be extravagant. This is the most usual compensatory mechanism of the rich inferior male or female.)

As a clerk in a government department, he was inclined to be inconsistent and suspicious of the other employees. He dressed in advanced styles of clothing and lived what he considered to be an "active life."

When twenty-one, he, secretly, without a license, married a girl of seventeen. During his psychosis he boasted that his marriage was the result of his seduction of the girl on a picnic. This affair he dangled like a scalp on his belt as a token of his virility. "A girl has no chance when a good man is at the helm," was his comment on the affair. She was an unusually pretty, stylish, but simple, maiden who had been infatuated with the dashing braggadocio of the man. She mistook his ready wit and boastfulness for promising ability. About six months after the unlawful marriage, he corrected his crime by marrying the girl according to the requirements of the law. (This should be regarded as a reaction of fear, although he made the plea of having done this out of pity for her.) From this time on, he fared badly, drank excessively, and insulted and abused her shamefully. He often abandoned his wife on the street to "pick up" a street-walker. He was utterly unable to endure the restrictions of this marriage.

Their sexual relations were excessive, practically daily, despite the resistance and distress of his wife. He stated that it was not an unusual thing for him to have sexual intercourse and then masturbate "to get relief," or to patronize several houses of prostitution, have intercourse with several women and then return to his wife. His boast was that he had "so much power" that he could "not get enough." He held this up as a flaunting proof of his heterosexual virility at the time that he was in a panic about becoming a sexual pervert.

He had been drinking excessively since seventeen, and once

"swore off" because of a tendency to delirium. Despite the danger and entreaties of his wife, however, he returned to his old haunts. One night, he was accosted by a homosexual prostitute, and permitted him to practice fellatio upon the payment of a dollar. Later, he boasted of this to his companions and made it a point to prove that he himself was not homosexual. From his quotations of their comments, he seems to have been recognized by his companions as homosexually inclined and defensively trying to establish a recognition of his manhood. A strange man in a hotel one day complimented him on being a "handsome boy," and this suggested that he ought to have his nose operated on to improve his looks. Just before the onset of the psychosis he had his teeth treated by a dentist, and later the electrically operated drill played a prolific part in his hallucinations. Also, the dentist himself became an hallucinated figure in his struggle and worked on his mouth. He had delusions of his wife's infidelity practically from the time of his marriage, and accused her of having had sexual relations with her uncle. He abused her violently, and denounced her with most unbridled profanity.

About three weeks before his admission to St. Elizabeths Hospital, he visited a friend's house and there acted "queerly." He familiarly looked over the house and went into the bathroom, while the guests were chatting in a nearby room, and removed his clothing. He made homosexual advances to his host and believed that his host wanted him to have sexual intercourse with the hostess. His insane state was recognized, and his friends put him to bed, but later allowed him to return home. Several days later he "felt mean" while in a café and smashed up furniture, raised a row, and tried to fight. He was then in a homosexual panic, and hallucinated several of the men planning an assault upon him. He was sent to a receiving hospital, and for several weeks continued in an uncontrollable rampage similar to that which followed when admitted to St. Elizabeths Hospital.

Upon admission, he refused to give any history of himself or to discuss his mental state. Any questions were answered with, "It is none of your damned business. If you want to know about that you can find out the best way you can. You are not going to learn it from me." Direct questions were resented, and he frequently threatened to assault the examiner. He was well oriented, said he was happy, and refused to consider that he was mentally

deranged. Although he was experiencing prolific, unpleasant hallucinations, he refused to admit them for several months. He would not relate his dreams. The simple intelligence tests were performed quite accurately, and several times he asked for something more difficult in order to show his mental efficiency. He elaborated the memory test story and, throughout the examination, made many plays of wit and showed considerable tendency to a flight of ideas not unlike the classical manic stream of talk. He strove constantly, desperately, to convince everyone that he was a strong man.

On the whole, he was inaccessible, and would not reveal his troubles. Unlike the typical manic, however, he had hallucinations and reacted to them, investigating them as realities. He grimaced, and displayed his *square jaw* by thrusting his lower teeth beyond the upper. He stared defiantly into the faces of the physicians, and smashed his fist into his palm (same as Case PD-34) to emphasize what he had to say. This behavior was considered to be a desperate effort to convince the men about him that he was not a weakling. Later, this proved to be true. The desperate necessity was probably not caused by a threatening or hostile attitude of the hospital attendants, but it was caused by a terrible fear of being considered inferior. He could not distinguish the sensory disturbances (hallucinations) from external reality, and this caused his fear. He felt some secret power was exerted over him by the men about him which was pressing him to commit oral erotic perversions; and this power (which, of course, was within himself) he fought to a desperate finish. So vivid were the hallucinations this caused (visual, auditory, gustatory, tactile and kinesthetic) that he was unable to recognize the causes as a part of his personality. In fact, the sexual cravings had become dissociated from the social self and were pursuing their own course.

Within a few days, he fixed the whole cause of his cravings upon a certain patient, and assaulted him at every opportunity. He tried to dominate the ward with his displays of power and aggressiveness, which, in a certain measure, intimidated the other patients, and must have relieved his fears to an extent. He destroyed property wantonly, and his clothing became disheveled and untidy. His language was extremely vile, even for his environment.

When his pretty, timid, young wife visited him, he made her sit on a bench in one end of the hall while he placed himself squarely before her and glared down upon her. He tried to intimidate her, and would not allow her to look anywhere except directly at him. The passers-by, he said, came near them because they knew that she wanted to flirt. He was determined to stop it, and, upon several occasions, struck her, accusing her of lying to him when she denied his accusations. He did not seem to feel the slightest sympathy or sorrow for her when she cried and pleaded, but charged her, again and again, with being prostituted to her uncle.

For four months, he maintained a general attitude of universal distrust and hatred, upon the one hand, and fear of plots and assaults, upon the other. The following pathetic letter by his wife, written to him at this time, shows the nature of the mating and how he projected his infidelity upon her.

“Dearest Boy:

“Your letter received this morning, but, dear, you know very well that I will not be able to do what you ask me in your letter. In the first place you have not asked Mr. — about the rent coming to you, and in the second place I would not know how to go about taking this matter to court. I tell you what you do, you write me a letter and enclose a note addressed to Mr. —, telling him to let me have the rent money due you, and sign your name to it, then I will take the note up to him and see what he will do about it. You can tell him that I am in need of the money, but, dear, write him a nice note, because you will gain more by being nice than by being so mean.

“Sweetheart, you certainly do say mean things in your letters to me. Now I guess you think that I would sue my aunt for opening my letter; my how foolish you are to talk that way. Do you think for one minute that I would sue my aunt for opening that letter? Why you must think I am crazy. Then you are always talking about who I am living with, you speak of my uncle as though he was an awful person. Instead of downing my people as you do, you ought to uphold them and thank them for the kindness they have shown toward us, since we have had this trouble. They are good people and they treat me very nice, and you know they are good, but I do not know and can not understand why you say such mean things about them, that are not the truth. Now,

darling, try to speak more kind of people than you do, and you will find out that it will pay in the end. Now do what I told you about the note to Mr. —, dear. I have some cigarettes for you, and if I see — I will send them out by him, because you know they will not allow me to come out to see you on account of what happened the other day, and it's all your fault too, dear; now I will not be able to see you for about a month, or until the doctor lets me know when I can come over. Why don't you be good, dear, for I am sure (by the way the doctor talked) that if you behave yourself, you will get out in a short time, but you are everlastingly getting into fights. Now try to be good dear, and try to believe more in God, for I am sure this will help you along a great deal. I hope you are well, sweetheart, and try to be as happy as possible, and I will tell you again *to be good*. With lots of love and kisses, I remain,

Your loving wife."

For four months he was openly hostile to everyone. Gradually, his eroticism subsided sufficiently for him to feel more kindly towards the physicians, and he made advances *to obtain privileges*. It was for privileges only that he discussed his case. He only admitted having hallucinations in order to gain the favor of the physicians and not to obtain insight, and was *surprised* to learn that the hallucinations he heard could not be heard by the physician. For several weeks, he could not believe this, and asked innumerable questions and cross-questions about their electrical machines. He became curious about the hallucinations, as such, and began to look for explanations of them. The electrical machine, he believed, was the dentist's instrument boring the steel burr into his teeth. His attitude towards his wife also changed, and he became lavishly affectionate in order to coerce her into pleading for a parole for him. He tried to keep her from becoming aware of his true difficulties and the fact that he had been insane. He never fully trusted anyone, and gave his confidence guardedly. The incentive for this was his wish for discharge, his general misinformation about the rules of the hospital, and his shame. He thought patients were discharged only when the physicians believed they were able to control themselves.

He at first made most persistent demands for a parole, and backed it up with threats and profanity. Later, he adopted the method of incessant begging, a decidedly common attribute of the

spoiled child. *It was surprising to see his astonishment when he first learned that his auditory hallucinations were not heard by others.* It seems probable that this revelation was largely due to his general ability to grasp things quickly and the unusual rapidity with which the hallucinations waned, perhaps largely the result of the alcoholics.

The electric machine that had tortured him so persistently, he decided, was an "imagination" that he had carried over from his experiences with the dentist a short time before the onset of his psychosis. The fact that he could place all the blame for his psychosis on alcohol was very valuable to him, and he seized this opportunity for shifting the responsibility. But, when it came to explaining why his hallucinations and difficulties were so thoroughly sexual, why he was afraid of being hypnotized and forced to commit oral perversions, he had some difficulty. (Alcoholics, as a rule, will not admit the homosexual fears after the hallucinations have stopped.)

When he learned that homosexuality and oral erotic cravings were considered to be the probable difficulties that caused his fears, etc., he advanced his sexual history to prove that it could not be true. One experience that he laid great emphasis upon was the recorded experience with the homosexual prostitute. (See also Case PD-33.) The fact that the man had practiced fellatio upon him, he believed, was evidence of his masculine superiority and virility. He included an account of how he had told this experience to his friends, and how they had considered it a great joke. However, he was not satisfied with his insight, and persistently sought to learn more about himself. He seemed inclined to believe that perhaps he was homosexual, relating how strangers in hotels had accosted him. He thought it was strange that men whom he did not know should compliment him upon his good looks and try to entertain him. The significance of this impressed him, and he finally wanted to know if an act of cunnilingus upon his wife meant that he was oral erotic. Later, he admitted that he repeatedly did this, and yet maintained that he was not oral erotic, although, when he spoke of his cravings, he performed most flagrant impulsive movements with his lips and tongue. At this time, he threatened to assault a patient whom, he insisted, talked about him and his wife. This seemed to indicate how much he

was occupied with a solution of his oral erotic inferiorities and the memories of it. (People, as a rule, feel, when ideas can not be repressed from consciousness, that observers can read their minds by the effects emotions have on features, etc.) As his eroticism subsided, he talked more freely, and no longer seemed to be afraid. He had fair insight, but often asked for assurances that he would not have another similar experience. He seemed to be ominously desperate about this, but his behavior on parole and his attitude toward his wife was such that the physicians' conference of the hospital yielded to their entreaties for a month's leave (five months after admission). *(A series of these cases have demonstrated thoroughly that men who are oral erotic, who are inclined to feel that their wives are unfaithful, and are themselves anxious about their ability to copulate with due affective relief, are most unreliable men. When they also have fears of homosexual reversion, they must be considered as potentially suicidal and homicidal.)*

This young man was strongly homosexual and oral erotic, as well as autoerotic. Through the influence of associates, he learned that these "unmanly" traits were easily hidden by demonstrations of sexual prowess with prostitutes and young girls. Seductions indicated that "a good man was at the helm." (One wonders how many girls are seduced by young men homosexually inclined, who make conquests merely to boast of them.) His unusually frequent acts of intercourse were the expressions of most desperate compensations to become heterosexual and overcome the fears attending homosexual reversion. Highly narcissistic, he could not love his wife, or any other woman. Novel forms of excitation probably made it possible for him to copulate, but sooner or later he would have to face the true nature of his biological constitution.

Several weeks after he left the hospital, he was found lying in a park, dying from a very large dose of bichloride of mercury. A note in a pocket contained the following to his wife: "I have stood the suffering as long as I could. Goodbye."

Case PD-11, a soldier, aged thirty-seven, unmarried, had been tense and uncomfortable since he was twenty-nine. He drank excessively, and was unable to solve his affective conflicts. For several years, he felt convinced that his comrades thought he was a sexual pervert. "Signs" and "remarks," which he interpreted

as having a secret reference to his troubles, goaded him into desperation. He felt that certain men were persecuting him, and planned to kill "four or five" of them. One morning he entered the squad room with a loaded rifle and killed two men before he could be stopped.

During his stay in this hospital, he has felt that his attendants and physicians persecute him for having secret sexual inclinations, and has repeatedly assaulted attendants and nurses for having such influences upon him.

The desperate mental straits that men and women get into when the primary affective cravings, pertaining to nutrition or sex, are resisted, hardly needs further elaborate illustration. On the other hand, the nature of the underlying affective cravings that cause the desperate act are worthy of further analysis, because the variations of behavior must be understood so that the underlying difficulty will become apparent to the psychopathologist.

*Throughout the above group of cases an unmodifiable, biologically inferior, terrifying, sexual craving is evident, and the eccentric striving, as a compensation, made in order to win social esteem, as well as to insure the feeling of biological fitness, is certainly obvious. In the above group, homosexual inferiorities were predominant. In the following case, the autoerotic source of wild compensatory fancies is quite definite.*

The following patient's (Case PD-12) account of the development of wild compensatory fancies about studying "electrons," "molecules," etc., to solve the great riddle of the universe, and of himself, in order to develop potency, shows that compensatory striving is also typical of the autoerotic. It protects him from the fears of social persecution so often arising from such wastage:

"Began the act of masturbation at thirteen, which continued until seventeen, when I sought a room in my mother's house, and in which I stayed until eighteen. During the period of confinement I was beset with the delusions that everyone I heard speaking was deriding me. Not only did I think this of my own relations, but of everyone I heard speaking. My resentment finally centered on the "Odd Fellows" who had forcibly ejected me from their hall one afternoon. I thought that I would find great satisfaction in destroying their property, so attempted to burn down their hall, and on being examined by physicians was sent to the Matteawan

State Hospital where I was confined until twenty-one, when I was discharged as cured. During the first part of my confinement there I was troubled with the same delusions. On leaving that institution my mind acted in a weak and wandering state which I could not control. I had numerous positions, but the condition of my mind prevented me from holding any of them but for a short time. But I found that I was gradually becoming stronger, and could better concentrate my mind as the years went by. I enlisted in the army, where, having access to the library, I became interested in scientific ideas. I spent all my wages for books on the subjects of Chemistry, Astronomy, Morphology, Electrons, Atoms and Molecules, which *I studied for three years with the idea in mind that I would discover some wonderful facts unknown to the other men who did not use Electrons, Atoms and Molecules for a base to start from.* During this period, I was masturbating about twice a week. When I was discharged, I soon became convinced that I was mentally living in a world of theory, but decided to finish my books so I reenlisted in the army. I studied for eight months, when becoming startled at unknown fears and intense pains in the head, accompanied by flutterings in the back part of the head when evacuating the bowels, I became frightened. I commenced to study my mental condition. I looked back over the years of masturbation accompanied by intense study, so became convinced that my mind would shortly fail me. I determined that my only relief was to seek the noise of the city streets, so I deserted. For three days I was intoxicated, which helped me to completely forget my troubles. But I found that I was still possessed of a wandering mind and a peculiar quick temper. I would hold a position for a short time only. I commenced to experience pains in the head when it seemed to me that the sidewalk was moving sidewise. I consulted one old soldier friend who advised me to surrender myself to the military authorities, which I did. My friend stipulated that I should behave as a prisoner and that if found being afflicted with lung trouble I would be sent to Fort Baird, New Mexico. But as three examinations showed no signs of lung trouble, I determined to secure a medical discharge from the army by shamming insanity which I did successfully. I told the doctor I was possessed of a knowledge concerning electrons, atoms and molecules as would enable me to change the present existing conditions and bring on the millennium. I accompanied these verbal assertions by exaggerated nervous

stimulations which completely fooled the doctor, as expressed by his eyes. This continued for two months, when to my surprise, I was brought to Washington under the impression that I was coming to the Walter Reed General Hospital for observation."

When this patient was brought to St. Elizabeths hospital he soon claimed that he had malingered insanity in order to escape a prison sentence. He made the confession of malingering, saying he would rather go to prison than to remain here, because he was afraid the associations with patients would again make him insane. He had very little confidence in his mental stability, and begged to be sent to prison.

He declared the material he had used to give the impression of insanity had been picked up at Matteawan from other patients and from his own experience there. It consisted mostly of claims of auditory hallucinations, fear and very grandiose fancies about omnipotent, heroic deeds with electrons and molecules, and the destructions of an enemy's fleet, etc.

While he was a patient here he was sociable, helpful, clean and generally well behaved. The intelligence tests indicated considerable inability to concentrate on facts and think accurately.

### **The Paranoid Mechanism of Compensation in the Female**

The paranoid mechanism of compensation in the female seems to be similar to the male in that fundamentally there is an overdeveloped homosexual craving that has existed since adolescence, which, however, has often not been truly appreciated by the individual. Through the influence of some experience or overt autoerotic and homosexual play, the woman becomes *fearful* of her inability to control herself and tries to show that she is not autoerotic or homosexual, but is fond of men and very attractive to them. Within due time the *fear* of being recognized as homosexual becomes covered over by the obsession, a wish-fulfilling conviction, that men are passionately fond of her and resort to every means to seduce her.

These patients, as a rule are remarkably clever and tell an astonishingly logical story built up of deductions from, however, the wish-fulfilling "meanings" in the suspected person's "remarks" and "manners."

My experience with a series of such women, several of whom are reported (Cases PD-28, PD-36), is that if the male physi-

cian is not critical and carefully refrains from expressing any doubt about the defensive delusional system, which is not often easy to do, he will soon find that the woman will *strive to force herself* to establish a transference to him which in a short time will be difficult to control (contrasting with the truly heterosexual type who make a natural transference). He will also find that these women usually are much more inclined to trust men physicians and will not, if possible, allow a woman physician to examine or prescribe for them.

Their records also show, if married, that they have been frigid, vain, self-indulgent, and often secretly autoerotic, and not until they become *fearful* of their affections for other women do they plunge into a system of heterosexual fancies. In this respect they strive to compensate like the homosexual man.

*It seems to be a consistent fact, remarkable if so, that the consistently aggressive homosexual male and female, neither one, are inclined to become paranoiacs and panic-stricken, developing merely anxiety neuroses and periodic manic flights of abandonment, but those who can not control cravings to submit to sexual assaults, develop a delusional system in which everything in the environment that tends to stimulate the compulsion to be submissive is resented and attacked.*

The mechanism of compensating for an inferiority, being characteristic for all forms of animal life and probably every cellular division of each animal, not only shows in the psychoses when a functional inferiority *causing fear* is present, but also when the individual has a functional inferiority *due* to disease. The following cases of *paresis* and an arteriosclerotic old man show how the compensatory claims arise as a defense against *fear*. When this inferiority is increased by disease, reducing the margin of reserve power, the compensation may become more eccentric. It is quite probable that only those paretics compensate who become afraid when they begin to feel their potency diminishing.

Case GP-1 was a government clerk, aged twenty-seven, recently married, who had all the clinical and laboratory findings of paresis. He acquired syphilis seven years before his admission, and received vigorous antisypilitic treatment. His physician consented to his marrying, although a few weeks previous to giving this advice the patient developed a slight ptosis of one eyelid.

Soon after his marriage he complained, after copulating, of having to work unduly long in order to have seminal emissions, and worried about the cause of this weakness. Three weeks after his marriage he became depressed, felt that he was going blind, and reacted to auditory hallucinations that were trying to make him commit sexual perversions. They also told him he was going blind in one eye.

He developed a classical compensation type of psychosis with a grand euphoria and a consistent goodhumored, half-serious hyperactivity, colored with chronic plays of wit. He constantly built great electrical machines in his fancy, with which he could explode magazines of powder at great distances by mere turn of the hand. These fancies gave him great pleasure. He told of a fight he had with an attendant, in which, by the power of his mind he took hold of the man's little finger and threw him.

He fancied that he could hypnotize any girl by looking at her, and, *with his eyes*, make her fall in love with him. This was a distinct compensation for distressing sexual impotence, although the impotence was probably caused by cerebral syphilis; and the hypnotic power of the wonderful eyes replaced the ptosis.

Case GP-2 was a sailor, aged twenty-nine, divorced, who had many clinical and all the laboratory findings of paresis. He was hyperactive, made numerous incoherent productions, wrote many unintelligible letters and constantly tried to establish his potency as an inventor. He believed that syphilis of the brain was the cause of his incoherent speech, feelings of weakness and tremors. Through exercise and incessant work, he tried to repair his loss of skill and strength. One morning, while confused and stuporous, following a convulsion, he rushed up to me from his bed, crying and begging for protection from men who, he explained unmistakably, were trying to subject him to an oral sexual assault. From the facts, that he was isolated in a room, had been muttering and cursing the assailants, and later treated the affair as an "imagination," and that he was recovering from a stupor following convulsions, we regarded the panic as the result of vivid hallucinations, in which oral erotic cravings played a predominant part. The tendency to homosexual regression caused *fear* which was compensated for by the vigorous, wild striving to be potent.

Case AS-1 was a man over seventy years of age, who had many signs of a cerebral arteriosclerotic deterioration process. He

always persisted in demonstrating his fancied great strength and inventive ingenuity, and described, with indefatigable detail, the wonders of a powerful drill for "boring into rock," which he was going to build.

The rock suggested the resistance to sexual potency, and the drill was the all potent phallus, which brought up the question: Why should an old man, on the verge of his grave, persist in this striving? What was he afraid of? He answered this question as soon as we inquired about his comforts and safety, not about his sexual difficulties.

He immediately begged for protection from a young man who slept near him. He described the man's behavior in a manner that convincingly showed that he himself had submissive erotic inclination toward his neighbor and was blaming the young man for the difficulty. The old man was afraid of himself and so was reconstructing his potency in fancy as a defense. His hyperactivity and demonstrations of power were compensations.

Case MD-8 illustrates a compensatory mechanism in the female due to organic inferiority.

### Summary

It is apparently a sound principle in psychopathology that, whenever an individual presents an eccentric claim for prowess, inventive power, creativeness, or undue potency in some artistic, professional, social or mechanical field, without reasonable foundation in reality, he is overcompensating for inferiorities of which he is fearful.

Organic and functional inferiorities that do not cause anxiety ("sensitiveness") or fear are not compensated for.

Conversely, when an individual wishes to acquire or avoid the attentions of someone, or develop some project, he compensates with work, the endeavor relieving the fear of possibility of failure to gratify the wish.

The paranoiacs and paranoid types are always individuals who are biologically inferior to the requirements of the race. They are not able to establish a comfortable heterosexual potency and are constantly forced to struggle in order to control homo-

sexual perverse cravings of which they are fearful, and which they usually refuse to recognize as a part of themselves.

My experience with these unhappy people is that the prognosis depends upon the development of insight, and this, in turn, depends upon the absence of hatred and the ability to avoid systematizing an attack upon those who make them conscious of their undesirable cravings.

The paranoiac is functionally so conditioned and his cravings are so repressed that he can almost but not quite reach heterosexual virility. The near approach to potency compels him to strive incessantly to reach it.

## CHAPTER X

### THE PSYCHOLOGY OF THE ACUTE HOMOSEXUAL PANIC

#### Acute Pernicious Dissociation Neuroses

The confirmed paranoiac who systematizes delusions of persecution and the paranoid individual who does not systematize his delusions of persecution, the individual who passes through an acute homosexual panic and recovers, and the homosexual individual who becomes dissociated and deteriorates, are dissimilar, largely because some make fortunate *positive* transferences which *ameliorate the fear of inferiority and stop the tendency to erotic deterioration*, whereas the others, who make *negative* (hatred) transferences, drive themselves into a progressively eccentric social position which establishes a vicious affective circle and a pernicious dissociation of the affective forces which constitute the personality. Chapters IX, X, XI, XII and XIII contain studies of these different types of adjustment.

The mechanism of the homosexual panic (panic due to the pressure of uncontrollable perverse sexual cravings) is of the utmost importance in psychopathology, because of the frequency of its occurrence wherever men or women must be grouped alone for prolonged periods, as in army camps, aboard ships, on exploring expeditions, in prisons, monasteries, schools and asylums.

The perverse sexual craving threatens to overcome the *ego*, the individual's self-control, because the affections for winning social esteem have been pushed into an eccentric adjustment. The weakness of the *ego* is usually due to fatigue, debilitating fevers, loss of a love-object, misfortunes, homesickness, the seductive pressure of some superior, or erotic companions. As the individual tends to become eccentric and irritable he is teased and goaded by his associates. He then loses his social influence and develops a feeling of being inferior and disrespected. The goading is the reflex reaction of the herd to get the individual into line with the needs of the herd. The herd can not afford to be biologically misled.

The fear of inferiority arouses a more intense compensatory striving, which, because of its eccentric nature, further increases the nagging. The vicious affective circle gradually becomes a persecution and the erotic individual, as the perverse sexual cravings tend to force him into further jeopardy, becomes panic-stricken.

The perverse affective craving causes delusions about, and hallucinations of, situations, objects and people which tend to gratify the craving. The pressure of the perverse craving occurs despite the social honor and social future of the individual. Horrified, he is swept off his feet into a hell of hallucinated temptations and demons of destruction.

The physiological reactions of fear to a painful contact stimulus are quite like the fear reactions to horrible, painful hallucinated stimuli. The mechanism of the terrifying dream, like the hallucination, is first an affective disturbance due to the repressed autonomic tensions becoming released by the relaxation of self-control, as in sleep. During sleep, indigestible food would cause increased gastrointestinal striving. This produces consciousness of distressing sensory images which may coalesce into a horrible perception, like the black dots forming a picture (to repeat the simile used in Chapter I), and this horrible visual or kinesthetic image, in turn, causes the fear reaction. The next stage would be to compensate by awakening, by flight or counter-attack. *When the erotic hallucination is felt to be an external reality and no defense is found, panic ensues.*

The panic may be more or less serious, lasting from a few hours to several months, and the metabolic disturbances attending such dissociations of the personality, because of the autonomic reactions due to fear may be very serious.

The autonomic reactions to fear, whether endogenous (as cardiac incomensation) or exogenous in origin, are, *when the compensatory striving can be made*, increase of blood-pressure and pulse rate, increase of adrenin and thyroid secretions, increase of blood sugar and decrease of the digestive and assimilative capacities of the digestive apparatus, decrease of heterosexual potency, and marked increase of trial and error movements of the skeletal apparatus for the purpose of escape—hence, restlessness, irritability, insomnia, etc.

*When the compensatory striving to retaliate or escape increases the liability to punishment, a tendency to lowering of*

*blood-pressure, irregularity of pulse, difficulty in respiration and a tendency to assume the catatonic attitude seems to follow; as in young monkeys, puppies, terrified soldiers, and catatonic patients.*

Obviously, since work and play are necessary to prevent the atrophy of disuse of tissues and functions in the normal, long persistence of panic or anxiety, besides the tendency to abnormal endocrinous functions, may be expected to cause marked physiological and, later, permanent structural changes. Gradually, a deteriorating or destructive autonomic-affective vicious circle is established, which, because the powers of adaptation and social competition are greatly reduced, deprives the individual of the capacity to regain self control, social esteem, reassurance and biological fitness. Intercurrent diseases and seclusion in asylums further reduce the compensatory capacities of the dissociated personality. This is not dissimilar to the vicious circle of disease and inactivity upon the normal. What normally active individual would dare to endure the deteriorating, monotonous type of activity forced upon the individuals incarcerated in prisons and asylums?

A series of cases is here presented to show that the cause of the *anxiety* and *panic* is the uncontrollable, perverted segmental craving struggling with the socialized affective cravings, the *ego*, in the same personality. The latter can only acquire gratification by doing the things that win social esteem. They constitute the *ego* and are spoken of as "I," "me," "myself." Naturally, when the sexual cravings can not be controlled they become disowned by the *ego* as a foreign influence, and the ideas and visions, or sensations they cause, are treated as being due to a foreign influence. Hence, when another individual, whose characteristics happen to coincide with the conditioned needs of the dissociated sexual cravings, thereby stimulating them, comes into the patient's environment, the patient feels he is being "hypnotized." Often such men and women attack the innocent person or yield to the hallucinated assault; or even do both. When the patient says someone is "throwing voices" into his head, making him hear voices or have visions, making him have a peculiar taste in his mouth, putting poison in his food, shooting electricity into his body, hypnotizing him, going to kill, crucify, initiate him, or make him join a society or religion, or steal his manhood, etc., it has been found that *the patient is telling the physician that he has lost*

*control of his sexual cravings which are forcing him to offer himself as a sexual object.* When the patient insists that a *certain* person is performing this mysterious ritual or power over him, it may be accepted that in some manner this particular person is either sexually attractive to him or is very intimately associated with someone who is sexually attractive.

The prognosis of such cases, it seems, depends largely upon *the extent of the defensive systematization of the delusions, and whether or not the patient is reacting with hatred. The presence of hatred should always be considered as dangerous under such conditions and almost sure to prevent the development of insight.*

The true significance of "poison" in the food was a riddle until the following patient showed us that it probably, usually, meant *semen*. A further careful investigation of the meaning of "poison," "filth," "dope," "drugs," "stuff," "something in the food," "cream," "powder," "saltpeter," in a series of over 200 cases, established the probability that in every instance in which a patient seriously complains that *food* has a mysterious, or hypnotic, or erotic influence upon him, it is due to the fact that the food acts as the stimulus of pernicious oral erotic cravings. This insight naturally has led us through a simple approach to the very foundations of the patient's emotional cravings and the heretofore obscure causes of this type of psychosis.

We have found that the patients who can be influenced to quit fighting the recognition of oral erotic cravings—this does not mean submission to them—fare better than the patients who struggle desperately to *eliminate* them and attack everything that arouses the craving.

In order to make it unnecessary to refer again to the facts that explain the meaning of "poison," etc., in the food, or of impulsive suicidal assaults upon the head, mouth and throat, or swallowing extraneous material, the reader is asked to note particularly the factor of oral, homosexual eroticism and the delusions about being persecuted for having such perverse cravings in the following series of cases.

Case PD-13 was an egotistical, taciturn, rather well-built, but undersized, German, with small features, and lips which were tightly compressed into a cynical, indulgent smile. He was twenty-eight and unmarried when admitted to the hospital. He had never been able to adapt himself comfortably to any society and had at-

tended school irregularly, had a poor education, was fond of playing truant, and frequently was arrested for vagrancy, serving two sentences of thirty days and one of six months. He worked in bicycle-repair shops, and at similar odd jobs, until he was twenty-four, but was unable to submit to the dictations of an employer, feeling that it referred to some inferiority.

At twenty-four, he drifted into the army and earned a fair record during his first enlistment. There, he was operated on for appendicitis, and later for hernia. Neither experience seriously disturbed him. He denied venereal infections and was not inclined to be alcoholic. He saved no money, giving some away to men who were "down and out" and patronized prostitutes when "nature called for it." Otherwise, he cared very little for women.

He was inclined to brood, made no friends, was very seclusive and sullen. He felt that his companions talked about him and avoided him because they thought he was "a silent worker." (He meant homosexually, oral-erotic.)

At twenty-eight, his feelings of persecution due to the repressed eroticism assumed the proportions of a *pernicious repression compensation neurosis* or paranoid psychosis. He became more seclusive and would talk to no one, feeling himself to be regarded as "no good in the army." He fancied that "*broken pills*" had been put into his pudding and coffee, and complained of this as mistreatment. He said that at one time he acted as if he was asleep and heard his companions make such remarks about him as "fluter," "silent worker," "start him working," "he will be in Washington in the insane hospital soon."

He was finally confined in the Post hospital because he was suspected of taking money from a store-till. A few weeks later, he was sent to St. Elizabeths Hospital at Washington, D. C.

The mental examination showed no actual impairment. He was well oriented, understood his environment, his memory was accurate, and he easily passed the special intelligence tests. The physical examination revealed no organic inferiorities.

His psychosis seemed entirely to be constituted of a struggle with intense homosexual cravings. He believed that he had been sent to this hospital as a punishment and that the men here regarded him to be a sexual pervert. His auditory hallucinations, accusing him of homosexual desires, worried him continually. He believed the accusations were made by other patients and isolated

himself accordingly. He was depressed and at times wept bitterly. At other times he was quite indignant and threatening. He walked erectly, held his head up, and looked defiantly at his physicians and associates. He usually smiled in a very tolerant, superior, self-satisfied manner, as if he knew something that made him superior to most men.

He complained mostly about the food, and was fed with difficulty. "They" put pills and powder in his coffee; it was "ground up so that it would dissolve." He said the milk in the coffee was "*too thick.*" "*It was not cream, it was too fat.*" His ideas about the coffee were very similar to the ideas he entertained at the army post. A few days later he cautiously revealed his true feelings about the pills in his coffee at the army post. This was told with mingled embarrassment, weeping and affectionate smiling. The questions had to be guardedly phrased so as not to offend him or lose his confidence. He finally revealed his craving for the ingredients and that it made him "feel better," relieving his depression. He said the coffee and pudding contained something "*richer than cream, richer than milk.*" It would make him "feel hot" when he ate it, and he had to open "two windows" to "cool off." He added, in his discussion of this, that later he had to go to the toilet but could not pass feces because "it was too hard." (Two windows evidently referred to two orifices; in order "to cool off," to be relieved—namely, oral or anal. An erotic woman begged for cold water because she was "hot.")

He would not say definitely what this coffee contained, but felt sure it made him "dream off." His smiles and tendency to become affectionate when he described the "richer than cream" were unmistakably characteristic of the homosexual advance. (Such men can not be held morally responsible for having such autonomic cravings, but they are responsible for their adjustments to them.)

He said he would like some more of it because it did him "more good than anything else," and made him "feel much better."

During this renunciation to his sexual feelings for men, he wept bitterly, and showed how easily he might lose control of his cravings. He said: "Somebody might make me do something, but I would not do it if I knew it." He continued to make homosexual advances with this statement and talked of his inability to control

himself. When he realized that he was making advances unreservedly, he cried and tried to assert some self-control, with the statement, "I am not so low as that." I was careful to ask only simple questions, basing each one on the content of his preceding statement so as not to suggest an opening to him, but it seemed that my insight into his struggle was sufficient for him to make a frank exposure of his difficulties. After he expressed his resistance to his sexual cravings in the phrase, "I am not so low as that," he followed it up with another advance and then with agitation, "If you want to, take me out and shoot me and be done with it." After this conversation he frequently sought further interviews and regarded me with affection and as a protector. This soon changed to peevishness when I was unable to give him further attention.

In the meantime he was neat and seclusive, spent most of his time in day-dreams, often laughing heartily to himself. He was paroled several times, and did some indifferent work in the laundry, but, because of his egotism and sensitiveness, he had to be removed.

For several months he compensated for his feelings of inferiority and unpleasant hallucinations by most extravagant claims of being "God" and very powerful (potent). Otherwise, he could not be induced to discuss his troubles with anyone, but prophesied that we would soon know all about him. He became very arrogant, and often *demande*d his discharge. He wrote numerous letters containing incoherent phrases referring to his omnipotence and self-importance. Unfortunately (sixteenth month) he eloped from the hospital. The following letter was received from him about a month later: "Sir—Am writing in regard to clothes and rest of funds, \$5900 due to me while I been in U. S. Army from 5th December 1914, discharged 13th July 1915. Hoping to hear from you soon." (Signed.)

Other sensory disturbances than auditory and gustatory were never complained of or indicated.

When he eloped, he had no insight into the hallucinated sensory gratification of his affective cravings, but believed other people were responsible for them. He was regarded as a paranoid type of pernicious dissociation of the personality.

After this patient's revelation of the significance of "poison" and "dope" in the food, and the cravings it satisfied, an entirely

new interpretation of the resistance to food, which is common in many psychotics, became necessary. We now were able to understand why many panic-stricken patients had to be tube-fed. The food and mouth were intimately associated with the erotic cravings and the forced feeding constituted an assault: to some, pleasant, to others, horrible. Some resist the feeding desperately whereas one woman starves herself in order to be tube-fed and reacts to the tubing as a sexual orgy in which she masturbates if not restrained.

Case PD-14 had an alcoholic father; his mother had had "fainting spells." Because of his limited mental capacities, he attended the ungraded schools until twelve years of age, then worked as a helper in many different trades, and enlisted in the navy at seventeen.

About fifteen months after his enlistment, his psychosis began. The interesting feature in his psychosis was the *panic*, because of inability to control himself. *He suddenly submitted to the homosexual cravings, and put white paste into his mouth, insisting that some person's hypnotic influence forced him to do this.*

When he was admitted to St. Elizabeths Hospital, having practically readjusted, he discussed the panic with great reluctance. When he spoke of the details of his experience, he again became *agitated*, and only controlled himself with the greatest effort. He insisted he had been "doped" and a scheme had been "framed up," on board ship, which he resented bitterly.

He was well oriented upon admission, his memory was accurate, and he performed the intelligence tests quite well, although his answers were frequently rather simple and insufficient.

At the time of his psychosis, he was in love with a girl and planning to marry. He naively displayed the girl's picture to his companions and promptly became the butt of unpleasant "kidding" which, on one occasion, resulted in a fight.

His fair, pink, girlish complexion, scanty facial hair and shy manner of expressing himself were effeminate attributes. Several times, some of his shipmates made homosexual advances to him, and he probably felt uncomfortable about their impressions of his masculinity. For several weeks before the acute panic, he worried about his health (anxiety) and tried to get into "the sick bay" because of feelings of *dizziness, weakness, fear of falling, and a tendency to become confused* (common symptoms of failure to con-

trol the erotic affect). The first time he went to the sick bay, he said, a "red-headed" attendant told him that if he didn't quit "pulling his penis something would go wrong with him." He said: "I let this sink deep into my mind; I had been dreaming a lot about my girl and may have masturbated while in my sleep." He had tied his hands at night to prevent himself from masturbating. (Fear of the segmental craving.)

During this episode he complained of the *usual anxiety symptoms*: Pain in the stomach, vomiting, depression, weakness and crying. Despite this, he was sent back to duty in two days. The physician made a diagnosis of "hysteria." About three weeks later, a serious *panic* developed. He remembered the following "remarks," which had something to do with the "frame up."

He said the day he drew his pay he was feeling uncomfortable. One of the sailors, he thought, significantly remarked: "'Sign it for all you're worth!' The pay check said 18, and I told him to look again and he found it was \$27!" That afternoon, they stored "brightening paste" (a white metal polish) in a storeroom and it made him feel sick, but he could not explain why brightening paste should sicken him. (His later impulse explains this.) He said he felt "so dizzy" he could hardly take a bath. (Fear of sexual temptation.) That evening, he joined some sailors in a game of poker, during which his "queer feelings" made him sure that "something" was going to happen to him. He gave his money to a companion for safe-keeping and then sought help from an officer, who, it seems, passed him up. He retired to his hammock, but could not sleep. Finally, he went to the toilet "to get relief," and on the way he passed a bulletin-board on which he saw the names of all the men with whom he had previously played *poker*. Their names were posted to receive "registered mail," and his name was not on the list. (He was not a truly registered, thoroughbred male.) This convinced him that a "frame up" was being planned against him and caused his "queer" (sexual) feelings. He tore the names off the board, and the officer sent him to the sick bay. Here he felt that "odors, like ammonia, were blown into the room by a fan." He became panic-stricken, was afraid they were planning to kill him or put him through a series of initiations. He cried, resisted all attention, talked confusedly, and could not be controlled. He was finally put to bed, but insisted upon examining everything in the room. He tried to find the cause of the odors, and

found a box of brightening paste. He shouted, "This is the stuff!" and bit into it. The taste was unpleasant, and he scattered the remainder over the ward. He was caught and put into the "strong room," where he now cried, shouted, cursed and called for the "red-headed attendant." When the man came, he threw his arms around him and begged for protection. *He said he thought his penis was all "shrivelled up" (castration), and that they were trying to do "something, pull something over his eyes."* He continued to be excited, incoherent, confused, and was unable to become reconciled to his confinement. After he readjusted he always became agitated and wept when he discussed this experience, and is still firmly convinced that he was "doped" and subjected to a sexual assault of some sort. The panic and depression lasted about a week.

He never gained insight, but explained the eating of the paste as an impulse. Physically, he was a well-developed young man, but the scarcity of his facial hair, his transverse pubic hair and soft voice indicated his effeminate make-up. He was fond of other male patients, and was observed to sit on the bed with another man and kiss him.

His panic was clearly terror at his own homosexual eroticism which he could no longer control or understand.

While in this hospital he was neat, well-behaved, sociable, and worked on the ward. He was discharged at the end of the third month as a social recovery with partial insight. He declared he was going to marry and make a man of himself. The *prognosis* is considered *poor*.

Case PD-15 was an illiterate Russian Jew, aged thirty, married, who served in the U. S. army one and one-half years as a private.

He said his father was "crazy."

This man was well developed, physically, but gave a history of syphilis, had a positive blood reaction (Wassermann), but negative spinal fluid and no neurological symptoms of intracranial syphilis.

He was sent to St. Elizabeths Hospital as a case of "catatonic dementia præcox." His psychosis was a classical homosexual panic.

At twenty-six, several years after his marriage, he began to

practice cunnilingus, and there is some indication that homosexual perversions may also have been practiced.

The onset of the psychosis, according to the army medical report, was "sub-acute with insomnia, confusion and depression." This was followed by a state of panic, hallucinations and a "hysteria form of attack."

During the panic, he knew he was in the army hospital and could give the time of day, but not the day of the week. His memory for most past experiences was quite detailed and accurate. He calculated fairly well.

He made numerous efforts to strangle himself and to take poison (emphasizing the throat and mouth). He was afraid of being killed, and believed that poison was put in the food. He resisted the food for three days, and could be fed only after considerable persuasion.

Voices called him a Russian spy, and hallucinations convinced him that his death was being planned. When a blood specimen was taken he fought fiercely and had to be anesthetized in order that the spinal puncture might be made. He resisted all the routine ward measures, and was afraid of the approach of men patients, male nurses and physicians. He was constantly trying to escape from his "tormentors" and impending "death."

On one occasion, during an interview, he threw himself about in his chair, and finally, allowed himself to slide to the floor with his muscles rigid. He remained there stretched out, eyes closed, and mute, for several minutes, simulating "dying." (This usually means an offer of sexual submission.)

He repeated questions four or five times, and whispered to himself but gave few, irrelevant answers. After several weeks of panic, he lapsed into a mute state and became indifferent to everything, had hallucinations, whispered, and responded with mysterious signals to the dissociated affect.

He was in this inaccessible state when admitted to St. Elizabeth's three months after the onset. He was apprehensive, very much afraid of everyone, and would stand about or hide in the corner of a dark room. He seemed to be disoriented, repeated questions, rubbed his hands, said he was sick, and suspiciously resisted all efforts to take care of him.

He gradually improved, became more accessible, and showed considerable insight, denied hallucinations, but complained of

"bad dreams." About the sixth month of his psychosis, he went through another panic which lasted about four weeks. It, fortunately, was more accurately observed. It seemed to have been initiated by an erotic dream; because, about three o'clock one morning, the patient awakened everyone on his ward with shouts of terror and pleas for help. When the physician entered the room, he jumped from the bed, fell on his knees and begged to be saved. He shouted something about being killed, but was too excited to give any information. Finally he succeeded in telling Dr. James Hassell that, for several nights, he had been unable to sleep, and on this occasion, as the clock struck *three*, he began to shout; "I am a fool!" (in Polish) and to count: "One, two, three," repeatedly. Snakes appeared all about him, and he became panic-stricken. (He said he had always been very much afraid of snakes, rats, rabbits and toads, and later attributed it to older children frightening him with such things when he was a child. He had had similar nightmares when on board ship.)

On the night of the panic, a snake approached with its head raised, "about six inches," with mouth open, making hissing noises. It jumped at him and bit him in the chest. His brother and sister also appeared in the hallucinations.

The panic gradually subsided and he resumed an interest in work, recovering his composure after four weeks.

A young man, very well versed in abnormal psychology, was afraid that he might develop dementia præcox because of his oral homosexual compulsions. He related a dream in which a snake bit him inside of the mouth, causing considerable anxiety (fear of an oral infection). Another young man who incessantly boasted of his physical powers, his dangerousness, love for blood and murder, and tried to keep the other patients bluffed to protect himself from his homosexual cravings, dreamed, with anxiety, that a snake coiled around his neck and strangled him. (See p. 603.)

In the fable about Man's Fall from Paradise, a snake was the seducer, and, in religious writings and sexual stories snakes, bats, dragons, rats and owls are often used to symbolize sin, death and sexuality. (See Fig. 52.)

The feelings of inferiority in this man were due to oral-erotic homosexual cravings, and the anxiety and panics were due to the cravings becoming uncontrollable. When the Russian recovered, he worshipped his uniform and strutted about the hospital grounds

like a "dandy," making a classical compensation of egotistical self-admiration.

Case PD-18 was a soldier, twenty-eight years of age, unmarried. He had served five years in the U. S. army.

About six months before his admission, he made the rounds of gastroenterologists to be treated for "catarrhal gastritis" and



Fig. 52.—Cover of magazine, by Erté. Sexual fantasy showing the phallus symbolized by great birds, bunches of grapes and a serpent; with passionate submission.

"acute duodenal ulcer," because of *abdominal pains* and a "*burning stomach*." He also complained of "gonorrhea of the rectum," and that the soldiers were calling him a "masturbator," "bastard" and "degenerate" (referring, as usual, to submissive oral and anal eroticism).

He was held in an army hospital for observation to determine whether or not he was "a malingerer, hysterical, or really ill."

About three weeks before his admission to St. Elizabeths Hospital he escaped from the hospital in his gown and bathrobe, and was later found in a state of panic. He complained that his "stomach and bowels are on fire," drank large quantities of warm water to induce vomiting, was inaccessible and very difficult to control. He was sent to St. Elizabeths Hospital about six months after his first complaints began.

Upon his admission, he went to bed, covered himself *completely* with blankets and turned his face to the wall. When questioned, he at first refused to answer but later accompanied his replies with violent motions of his body. Pounding the wall with his hands, he shouted, "they call me a dope, a thick-headed Irishman, and this and that!" When he talked of his "terrible pains" in the abdomen, he viciously jabbed his fingers into his abdomen, grabbed his tongue with his fingers as if to pull it out, and tried to seize the physician's stethoscope. His voice was sharp, high-pitched and whining.

Later, when he talked to me, he said: "Somebody chokes me; they do everything in the little room; they throw me away; words come out of my mouth; I can't help it, and people tell me lots of things, and I have to tell it over again; nobody likes me. I feel queer ever since I have been in a warm climate, have feelings that cause my troubles and can't help it. The troubles are in my head and I can't help it. [Shook his head vigorously.] They say I killed Major—and Captain—and could not help it. I ran out into the snow. [Referred to his elopement from the hospital.] They were after me—I was calling them names—they forced me—pulled me out, said I did this and that; [cried] said I had all kinds of diseases, venereal diseases, said I done everything—one fellow told all around the company that I had a venereal disease of the rectum, and he said that I said things about the Major—said the Major was giving me salt enemas and eggnogs."

He frequently asked for a priest, because he had "to die,"

and when the priest arrived, he insisted the man was not a priest.

His behavior indicated auditory, visual, gustatory, and other hallucinatory disturbance of sensation. He was disoriented and misinterpreted almost everything to be related to his erotic cravings.

When patients approached him, he made noises, grimaces, manneristic movements, threatened or attacked them or secluded himself. He complained of being afraid, and often resorted to making as much noise as possible to intimidate his environment. (A method common to birds and animals.) He was very untidy and destructive, and, occasionally, drew his finger across his throat as if he meant to cut it, saying, "Cut it off!"

He would often lie on the floor half-clad and beat his head and face with his fists, expectorate and repeat that there was something in his head, and that he could not control his thoughts.

The eroticism of the patient was clear enough. The fear of gonorrhea of the rectum from anal eroticism and gastric disease from oral eroticism, his attachment to the officers and *fancies* about the Major giving him salt enemas and eggnogs (seminal equivalents) are distinctly symptomatic of his cravings. His method of beating his head, because of inability to control his thoughts, shows the desperate manner in which he was fighting to control himself.

Suicides in such conditions, usually by cutting the throat, hanging, or plunging on the head, are quite common. I know of two young men who killed themselves by several days of terrific pounding of their heads and bodies; another by plunging from an elevation onto his head, fracturing a spinal vertebra; another by shooting himself; and another, by taking bichloride of mercury. These men seemed to reach a stage in the affective struggle when intolerable sensory disturbances about the erotic region compelled an annihilation at the cost of everything. (Such cases, demanding castration of the erotic zone, under pretext of distressing painfulness, often gravitate to a surgeon.)

Case PD-19 was a rather slender man of medium height, twenty-four years of age, and unmarried. He enlisted in the navy with the ostensible intention of improving his knowledge of certain kinds of machinery. His physical condition showed certain inferiorities. His facial hair was very scanty, and the bones of his

face, while not small enough to be distinctly effeminate, were not as heavy as the average male's of his age.

He had never shown a social interest in girls. Several times he had patronized prostitutes when on shore duty.

Several months after his enlistment, he suspected that someone was putting different "chemicals" and "medicine" in his beer. This "dope" or "junk" made him feel "dozey" and have "swimming in the head." He heard whisperings on the streets "like anybody would," such as, "He is not guilty! Don't believe it!" He did not get excited about the names he heard "those people" use, such as s. b., c. s., etc., because he "did not know who they meant."

When he had tonsillitis, the doctor, he said, swabbed out his throat with "margarine oil" and whispering voices said: "He wouldn't have anything to do with it," etc.

Later, the food became "rotten." Someone "put filth in it." He could see "white stuff" in the bread. This filth he smilingly described as "come" (semen), when he was asked more definitely concerning it. *This "stuff" made him sick at the stomach, caused vomiting, anxiety, and inability to work.*

About this time, he noticed that his "tools" had been tampered with. "The ripper" (a type of chisel for cutting tubes) had its edges turned and instead of cutting into the tube would "slip off."

"The expander" (a cluster of three rollers to be inserted into a tube so that when a cone-shaped pin is driven between the rollers they spread apart and expand the tube) was also "tampered with" and would not work. "The tools would kink over every time you'd go to use them."

After his admission he adapted himself to the ward routine, was neat, not worried, sociable, and gave the impression of rather enjoying the auditory hallucinations and his perverse sexual inclinations. The trouble with his tools symbolized his actual heterosexual impotence. The fancies about the treatment of his throat with "margarine oil" and the "come" in his food gratified his oral erotic homosexual cravings.

He discussed these things with *smiles and laughs*, showed no embarrassment, and seemed to make no effort to compensate for feelings of deficiency which was in striking contrast to the desperate compensations of other men.

Impregnation fancies were not obtainable at the time of the examination, but were rather to be expected.

Case PD-20 was an illiterate, irresponsible soldier, aged twenty-four.

The patient's father was a chronic alcoholic and psychopathic personality. Twice, he suddenly disappeared, deserting his children.

The patient said he was not able to learn very well, and only reached the sixth grade in school. He was a shiftless worker and never earnestly tried to develop skill in any mechanical art. He wasted all his earnings in carousals and alcoholics, was seclusive in his social tendencies and at times lived the hobo's life.

He never showed an interest in women for social purposes. His sexual career included perversions when he was about six years of age, and numerous anal perversions with adult males in the last few years. He also patronized prostitutes and practiced sexual perversions. He contracted gonorrhea, but not syphilis.

The present psychosis began two years after his first enlistment in the U. S. Army. His indifference and "queer, silly" behavior caused him to be confined in the Post hospital. The report of his behavior at the Post hospital says that when he tried to think, he wrinkled his forehead, said he felt happy sometimes but usually had "the blues" and felt "homesick."

He complained of restlessness and insomnia, had auditory, visual and olfactory hallucinations, and other distressing sensory disturbances. The voices called him a sexual pervert, etc., and the auditory image of the voice of a man named M—, saying "I'll shoot that s. b.," frightened him. He believed he had been given a "*hypodermic injection*," which made him feel "dead." (Possible reaction to a hypodermic.) When, however, the spinal puncture was made, he said with anxiety, "It is all off," he was going to die. "They accused me of going down on different fellows—of having improper intercourse with women and by rectum with men." He admitted sodomy and masturbation but denied oral-erotic acts. He believed his sins were unpardonable and that he had to suffer accordingly. He had sensations of *choking* that made him very uncomfortable, and during these states he sometimes saw "flashes of light in the sky."

He smelled "drugs" on the bed-linen and, believing that "poison" had been placed in the food, refused to eat. Feeling that he

ought to be shot or hanged, he regarded everyone with suspicion and dread.

His insight was not encouraging. He maintained that there was nothing wrong with his mind and the other patients were all sane. He would not discuss the symptoms of his cravings and their influence on his thoughts.

His memory for remote and recent events was reliable. He was well oriented and passed most of the intelligence tests when lack of knowledge did not make it impossible, but he showed very little interest in current events, being absorbed in his feelings of persecution and degeneracy. He apparently made little or no effort at a religious or social compensation. His general knowledge was very meagre. Seven months after the onset of his confused mental state, his eroticism subsided and he was discharged as socially recovered, having become able to work when not too erotic.

His physical status showed no stigmata of degeneracy and his hair distribution and general physical make-up was masculine in type.

Case PD-21 was a soldier, twenty-three years of age, unmarried, who enlisted at seventeen and served five years when he became panic-stricken.

His maternal grandmother was insane, probably cerebral arteriosclerosis. One maternal uncle was "thought to be insane," and his father was a chronic alcoholic.

Although he attended school from six to fourteen, he advanced only to the fourth grade, about the ten-year level. He said he learned with great difficulty.

At twelve, he left home because of his alcoholic father's abuse. His father caught him in the act of masturbating, which increased their animosity. Besides this, he said, he stole \$13.00 from his father and denied it under oath in court, which denial, later, greatly worried him.

At seventeen, after several years of crude labor, he enlisted in the army and served as a private until the onset of his psychosis.

In the army, he indulged in alcoholic debauches and became infected with syphilis from a prostitute. The psychosis apparently developed some time after this, but was probably related to his worries about it. One day, he was observed to be talking to himself in a curious manner. He complained that one of the ser-

geants intended to "blow up the stables" in which he had been sleeping and, with manifest anxiety, said the sergeant worried him by his frequent inquiries about the locks on the doors of the stable, commenting in a confused way "this got on my mind and I thought he was crazy."

The earliest hallucinatory experience which referred to feelings of homosexual assault was probably his statement that "the horses got loose" and he heard "chains rattling." The psychosis soon developed more frankly. He complained at the hospital that he had a cough and, in a few days, that he had a "sticky substance in the mouth between the teeth" which he removed with his fingers. He could "smell ether," which doped him, and thought that "my manhood had been taken from me." "They would cut my testicles out to stop my masturbation [and] prevent me from having intercourse with women. I tried to stop it but did not have quite enough will power to stop altogether—I was afraid it would make me crazy."

Coincident with his delusions and hallucinations, he became *confused, depressed, retarded and mumbled continually* to himself. He would *stand in one position for hours* and repeat his mumbled *phrases* about the sergeant, horses, blowing up stables, etc. "The voices reminded me of my step-brother and my stealing money." Later, the voices said: "Give him all he wants." He refused to eat (probably because of poison—semen symbol—in the food) and was afraid to sleep because of his feelings of impending sexual assault. He frequently examined his genitalia to find the place of a supposed operation and seemed to be puzzled by the absence of signs. He asked the examining physicians at St. Elizabeths and at Fort Oglethorpe about the operation on his testicles. (Castration.) He complained that "the voices" (hallucinations) called him "everything except a man."

His general behavior was that of a depressed, confused man who was in profound state of fear and tended to make a catatonic adaptation to the hallucinated assault. He understood the other patients to be "posing" and doing "queer things on purpose." He had no insight for several months, and for some time was disoriented for time, place and person. Upon admission, he performed simple intelligence tests poorly, but, several weeks later, the intelligence tests were better performed and his recall for remote and recent experiences was accurate and fully detailed. (In-

telligence tests are only valuable for showing how much the *ego* is preoccupied with the irrepressible erotic affect.)

He gradually adjusted himself to the hospital environment and assisted in the ward work. After several brief relapses he was finally given duty in the dining-room and later a parole of the grounds.

The patient was a tall, slender, pale man with no physical defects. His thin, firmly compressed lips, and his brief, staring looks, indicated his tension and fear.

His blood reacted positively to the Wassermann test, but two spinal fluid examinations and all physical signs were negative.

Probably because of his mental development he never attained satisfactory insight into his condition other than that he had "imagined" his troubles and had worried about his masturbation. He showed no aggressive tendencies to a grand potential compensation or social-religious censorship of immorality. He was discharged as a social recovery seventeen months after his admission.

The prognosis apparently depends upon a fortunate location in a community of simple requirements, avoidance of serious responsibilities and the control of his autoerotic tendencies. Because this depends so largely upon other sources than himself, the prognosis is poor.

Case PD-22 was a patient who had enlisted in the navy at twenty-one, after he had been unable to find other satisfactory employment. After three years of "good" service he apparently quite *suddenly* developed a psychosis. He had had several infectious diseases, but had not been excessively alcoholic. Like most sailors he had patronized prostitutes and had had an "affair" with a married woman.

A classical panic began one morning after a "shore leave" with a companion. He had several times taken shore leave with this man and, on this particular night, they had taken "several drinks together" and spent the night in a boarding house, occupying the same bed.

(The medical certificate, which accompanied the patient, stated that he had a record of sodomistic relations which, later, the patient stoutly denied.)

The patient said that he and his companion returned to the ship the next day and after they were on board he noticed an aversion in his companion's attitude toward him. He overheard him

make remarks about "the blond queen of the deck" and having been ashore with the blond queen (the patient was the only blond in that part of the ship) and that "she was on the stuff." That morning when he attempted to urinate, he said, "I could not do it because it ran backward into my stomach." He believed that his companion had "doped" him and performed some sexual act upon him which had destroyed his sexual powers. He reasoned that he must have been doped because he could not remember anything of a sexual nature that might have transpired but was certain that a sodomistic assault had been attempted because of his deranged sexual powers and the talk that he overheard.

He said that he challenged his companion to a fight to show how much of a man he was, but the sailor avoided a conflict by declaring that his remarks about the blond queen referred to the Jew plumber. Later in the day, he became panicky when he found that his testicles were "all shrunken up" and his "penis looked small and drawn up." That night, while in his hammock, he thought he overheard several sailors plotting against him, and one of them said: "Give him a couple of shots of dope."

The fear of "lost manhood" was decidedly increased by the belief that he would now become a sexual pervert (oral erotic). He said his companion boasted freely that he had caused two other men to leave the navy "by putting up jobs on them." One of them deserted and the other fellow bought himself out.

The period of worry and panic was comparatively brief, which may have been due to the frankness with which he confessed his troubles to the ship's medical officer. About two weeks later, he had a sexual dream which he could not recall, except that it was accompanied by a nocturnal emission. This dream and the tendency to have spontaneous erections seemed to have been a most important basis for the return of his self-confidence.

After several weeks of confinement in a naval hospital, he was admitted to St. Elizabeths Hospital, but was no longer worried about his heterosexual powers. He never developed insight into the episode and always maintained that he probably had been the victim of "a job," which he discussed with grief and anger (similar to Case PD-14).

Physically, the patient was a rather slender man, about 5 feet 9 inches tall, weighing about 140 lbs., with blond hair, fair skin and

scanty facial hair. His sexual organs appeared to be well developed.

Five months after his admission, he was discharged because he was apparently able to take care of himself.

This man gave one the impression of being a rather simple type of personality, in the sense that he expressed his wishes bluntly, was sincere, and had a limited capacity for sublimation and adaptation. He said: "I would rather die than become a c. s.," and this probably expresses the prognosis best if his heterosexual margin is as limited as the homosexual psychotic episode indicates. Either attempts at suicide, or, as he expressed himself before his discharge, "I'd rather go crazy before I'd become a c. s.," indicate his probable final adjustment. The fear of the shrinking penis becoming invaginated into the abdomen was apparently due to an uncontrollable effeminate attachment to his companion.

Case PD-23 was an unmarried soldier, twenty-six years of age, whose psychosis began rapidly after his second enlistment.

At thirteen, he left school to earn money, because the curriculum was uninteresting to him. He stammered seriously. At twenty-three, he enlisted in the army and was discharged at the expiration of his service with the character "good." During the last few months of this service he was court martialed for alcoholism.

He worked at a soda fountain for a short time, but was unable to keep his position. After several months of loafing and quarreling with his father, he reenlisted in the army at the age of twenty-six.

His sexual history began with unsatisfactory heterosexual relations at fourteen, which continued more or less frequently until a few months before his psychosis. He contracted gonorrhea twice, but never acquired syphilis. His alcoholic indulgence could not be considered excessive, and he was not a drug habitué. He smoked cigarettes excessively and wasted his money.

Soon after his reenlistment, he became irritable and apprehensive. His bed was in the barracks and he had to retire in company with other soldiers. This environment, associated with his homosexual cravings, made sleep impossible and he soon became panic-stricken. He blamed the cause of his fears upon his associates, which, though probably unknown to the associates, was partly

true. The fear increased quite rapidly. A few days later, he declared that someone was trying to get into bed with him. He afterwards stated that this followed an evening of listening to tales of sexual prowess by the older veterans. He tried another barracks, with no relief, and several nights later insisted that someone tried to inject cocaine or morphine into his arms, legs, or penis (castration fears), and tried to get into bed with him. "Thought it was the doctors or something. Must have been dreaming or something. Thought it was somebody one minute and then knew no one was there the next minute." The next night he took his bayonet to bed with him with the intention of "getting" anyone who bothered him. He now believed that he was not wanted in the company, that the men called him "c. s.," cursed him, "pulled their noses" and made other signs of disgust at him. He tried to escape from the island with the intention of deserting but was transferred to the hospital ward, and after one night, the homosexual obsessions became more serious.

He believed he had "killed the captain" and wanted to see the chaplain, believing that he was to be shot. Many of the simple things in his environment began to act mysteriously, such as the clock, etc. He talked of committing suicide, and would frequently kneel and pray. Later, he referred to himself as Jesus Christ; said that he was to be killed by God; that he had killed his father and the captain, and often referred to a murder that he had committed.

When admitted to St. Elizabeths Hospital, though in excellent physical condition, he had visual, auditory, cutaneous, olfactory and gustatory sensory disturbances of the hallucinatory type, with the usual supplement of delusions. He thought he had been sent to the hospital by God, and pointed out a patient as God and an attendant as his brother. He felt "sad" and "everything" worried him. "I want to do the right thing, but I can't. When I try to do the right thing I am doing wrong, and everything I should do." (He frequently added unqualified words to his sentences.)

He heard bells ringing, people shouting, steam blowing, tasted poison in his food, smelled "all kinds of odors," saw people whom he knew to be dead and was sure they had come to life, particularly his grandparents and mother (ancestors). Thought that he, Jesus Christ, had killed his father, who reappeared in a hat and cape

looking like a priest (See Case PD-27). He continued to feel that he was being stuck with needles, that cocaine, a "green fluid," and morphine, were injected into him, and a "brain machine" was turned on his head.

His dreams were terrifying and very similar to his hallucinatory experiences. "I dreamed I was going down, was burned out, grabbed an electric light, thrown in water, was walking, running, I don't know what else I didn't do."

During this period he was suicidal, depressed, apprehensive, seclusive and careless with his clothing. He performed the usual intelligence tests with some difficulty. This markedly dissociated mental state continued for about six months, after which a gradual affective readjustment began. He never became entirely convinced that his strange experiences were not real, as they diminished in intensity, his doubt increased. He finally made a complete readjustment and social recovery with fortunately no manifested tendencies to project a social or religious reform movement. No obsessive counter-attack upon the environmental temptations of the now fairly well repressed homosexual cravings was projected. He remained, however, very sensitive, tense, refused to discuss his difficulties, and seemed to be extremely determined to maintain his level of social fitness.

The prognosis is apparently poor just in so far as his homosexual cravings tend to break through his concerted efforts to control them. That he will be able to maintain a biologically satisfactory heterosexual adjustment is very unlikely, and his homosexual cravings being intolerable, a later sustained chronic dissociation of the personality with consequent deterioration, because of the future hallucinatory gratification of his homosexual needs, will probably be the ultimate course of his biological career.

Case PD-24 was a well-developed, ignorant male negro, about thirty-nine years of age, married twenty years, who became panicky because of his homosexual eroticism. He had no insight, and excitedly complained of his difficulties as follows:

"My time was up some time for some two years to have me on exhibition before Congress 304 years ago for real delegates—for reputation as well as for anything else—they did not want me to drink at the bar. They put things in my food and made me feel bad at the stomach. It smelled like something that had been in the ground—smelled like guano fertilizer. They tell me it came

from animals—sometimes they shoot stuff into your ears and make you dumbfounded, and they pull it out; sometimes they put pictures on your eyes and change them, pull them back. [Pushes his eyes hard with his fingers and says it takes the pictures away.]

“The electricity runs from the shoulder and arm and feels like pins in you; they are trying to break me down and are forcing me to have friction.

“Through sleight-of-hand they touch it [penis] and draw your breath. They play it and said I played it with racehorses and children, boys and girls; they take your nerve from you and you naturally fall. [Fail, when he tries to perform the sexual act.] I think they have lots of luck, interfering with a man and his wife, but I don’t do anything about it.” They make him feel weak and “faintified like.” “It seems as if somebody throws this at you with a sling-shot and put so many horse-power into you. [They pump him full of air.] This cold air pressure and warm air pressure fills your stomach, and I have to belch it and it has to go away. They would learn me how to bend over and it would go away. They move you from one side to another [bends from left to right] and this takes the blood. It would drop from up here [places hand on chest] to down there [places hand on buttock] and it would make you cold and weak.”

He spoke of his auditory hallucinations as having a “telephone” in his ears and his visual hallucinations as “pictures.”

Almost daily, when he could reach a physician, he complained of aches and pains and tried to show the scars from the tortures of the night before.

Often at night, he pounded on the door and called for help. He would usually be in a panic because of his terrifying sensory hallucinations, such as having holes pounded into his abdomen, drawing sensations at his heart and umbilicus, and pounding electricity into his head. Sometimes he tied a handkerchief about his head because of head pains, and another time he pasted a piece of paper over his abdomen and asked for treatment for a hole there.

The voices talked of making a “hermaphrodite” out of him.

He was quite frank about his hallucinations, but had no insight into his eroticism. His efficiency for simple manual labor was not impaired, and he worked very well. Alcoholism as an additional exciting factor was excluded.

Case PD-25, a marine having about two years service, un-

married, about twenty-three years of age, was in a constant anxiety state because "voices in the walls" told him that they were going "to operate" on him and remove his "kidneys" so that he could not have children.

Case PD-26 was the only son of an overworked, uneducated mother who suffered from neglect and the need of the simple comforts necessary to make life worth living. He was a typical "mamma's boy," seriously pampered, effeminate, dainty in manners, tenor voice, and generally submissive in his make-up.

He was an ordinary seaman in the navy when a typical homosexual panic developed in which he was obsessed with fears that men plotted to sexually assault him. He had to be tube-fed, and when he resisted, and his arms were forcibly drawn behind him, he had a "vision of Jesus Christ and the Thieves on the Cross," feeling that he was being crucified as one of the thieves. Later, he realized that it was "imagination."

The following patient (Case PD-27) was a white sailor, single, aged twenty-seven, medium sized, earnest in disposition, but very naive and simple in his general attitude. His mother's father was a cocaine habitué and his father was an alcoholic. Upon his admission, he was very *repentant* and somewhat *depressed*. He wrote the following story of his life, which contains an excellent description of the causes of his anxiety, the repressed cravings, the psychosis and the reconstructive tendency. (Following the letter is appended some information about his boyhood which explains his difficulties more completely.)

"I was always aloude to race and play with everybody, and would prefer larger boy's work, but didn't know at the time, having jest come from the country. The first two years of my city life taught me how to masturbate, and smoke cigaretts and chew tobacco. I went to school steady, and got along fine in the lower grades, but, as I grew older, kept slipping behind, until finally, after reaching my fifteen year, I got discouraged and hounded my mother and father to let me go to work. And I did, at the same time, I was given permission to smoke in the house. So between Master Bation and cigaretts, my school life was ruined. I worked\* in the shop two years, enlisting in the Navy at eighteen as an Apprentice Seaman, changing my rateing to that of coal-passer, and made the cruise around the world with the Atlantic fleet. I was discharged ordinary, as I had a bad record from overstaying leave

and didn't save any money. My downfall was bad women. I am not, never was, and never will be a drunkard. I have been drunk, but never took any pleasure in it. I went home and went to work, with intentions of staying out of the service, but through women, I lost my job and was told by my father I had better go back to the Navy, and I went.

"While at the Norfolk Navy Yard, I was going to see a bad woman, and got in with her very thick. This company run along for over two years, and I tried to stay away from her at times, but she seemed to call me back. While on my thirty-day furlough, I took her out of the house she was living in, and lived with her for a few days before going to Guantanamo. I worried right from the time we left the Navy Yard, for I was afraid she would do wrong before I could get back; also I had lied terrible, about being married, and she was with very nice people. Then I remembered, too, that her husband was to be let out of jail. And she had two suits of clothes, my watch and chain, Honorable Discharge button, and I liked to worried myself to death. And then I received a letter from the man that rented the rooms we had, telling me that she had gone and owing him a bill of \$8.70, and took everything with her.

"Well, I just went to pieces altogether. I prayed to God to put me in touch with her some way or another. I sent telegrams and asked God to connect us up some way, so I could find out where she was and everything. [This is a good account of a dissatisfied, affective craving and the hallucinated gratification which it produced.] Then I got to thinking more and more about her husband, and finally got to hearing her talk and also hearing her husband talk and that he was with her. And some nights, she would get beat to death, and other nights she would get cut to pieces. I imagined everything horrible that could happen to her at the hands of that husband. And I told the Hospital Apprintice about it and he took me to the Hospital and on the 24th of Dec. I was put on board the Jupiter. She left on the 29th, and I went to the Hospital again. Now, it was coming up on the Jupiter I got to thinking of home and I got a letter from home right after gitting to Norfolk. And then it seemed that the woman was killed by her husband for the last time and that he also killed himself and went to heaven and hell, coming to the Norfolk Hospital to kill me by cutting my heart out. He also brought the God of Hell with him. I had to go to Hell for being a masturbator, murderer, never told God the truth. \*

“And, then there was an angel came to me and told me that ‘I could go to Heaven if \* \* \* .’ Then my little sister and Jesus Christ came to save me. The dog is dead, so its spirit came along with my sister. There was something strange about that. The girl’s [his mistress] right name was May White, and as a prostitute she went under the name of “Rose Brown.” The dog was a bitch, and she was brown and white, the brown hair was very rough and coarse and unnatural, but the white hair was as soft as silk. [May White was beautiful to him and he loved her, but Rose Brown was coarse and a prostitute.]

“One day [when a boy] when I first got the dog, I put my finger in her womb, thinking of trying to do her wrong, but couldn’t, so I masturbated myself instead. Now, by wronging my dog, I wronged this girl, and was the cause of her becoming a prostitute. I can’t say just how this happened, but will say this much [similar affective attachment for his dog and mistress and association of the two together in the hallucination]—‘God’s Will will be done on earth as it is in Heaven.’ I am writing things as they came to me, as near right as possible. I was told [auditory hallucination] that whenever I smoked a cigarette, I was burning up my little sister, for I had said I wouldn’t smoke them any more. It seemed to me that *they* had a certain way of doing things and saying things to bring about every move, like a good lawyer fighting a case before a judge and jury, and I do honestly believe that the powers of the Holy Ghost were working on me.

“I also received some knowledge about going to New York to a Mission House run by the Salvation Army. Also to go to the Brooklyn Bridge, Brooklyn Side, to the President’s Office, and ask for a pocket-book containing \$10,000, to be used for mission purposes on the Bowery of New York City. This mission is the one I went into drunk one night and was taken sick, leaving a terrible mess behind me for some poor soul to clean up. As near as I can understand it I am on trial for my life, and this is where I think it comes in [the reconstruction, but very pathological.] That I will go to Heaven if ‘I do as I’m told, and obey the Lord our God.’ As I have been letting the Devil lead me instead, and now it has come to a show down, and I feel that I have been put threw this thing for a purpose. It seems like a 3rd degree to me, and I think I have a *high duty to perform before I leave this earth.*

• “I saw one vision at the Norfolk Hospital. It was a very big

Tabernacle at Chicago, and it was full of people. They were seated like people at a circus, and I saw myself in the center standing in my shirt sleeves with my fists doubled up, and the spirit of Our Savior was behind me. I don't know what I was saying, but I think those things will be put in my head as I go along. I'm reading the bible and learning things that I never dreamed of before, for us children at home were not brought up by Church parents. I also have a letter to prove that my sick sister has felt this same Heavenly Power. And I also say, truthfully, that I was taught the Lord's Prayer, and also this one: 'The Lord is my Shepherd, I shall not want. He leadeth me through green marshes. He is the story of my soul.' I never remember of hearing it before. And the other, I couldn't find my way. threw it before I went to the Norfolk Hospital if I tried.

"The \$10,000 is another strange thing. When I was about Fourteen years old and carrying newspapers, I found an old cigarette button with the picture of a very pretty young lady on it, which, of course, must have been an actress, and I thought a good deal of it, and carried it in my coat pocket for a long time. And, as near as I could understand, that money was lost by her at the time of her death. It was in a Pocket Book, and the money is in cash, and is being held by the President of the Brooklyn Bridge. Now, doctor, I've told you about all there is, and I hope it will be the last time, for I wish to be done with it.

"I also wish to go home, and then I will be contented and happy once more. I would never be happy again, with all this on my mind. I wish to unload it on my mother and father. I also intend to go to a Priest and confess my sins, to be reconciled with God, and then threw the help of the Church, I will know just what to do. I have told the truth as near as I can judge, and I hope that you doctors won't hold me here very long, for I am anxious to find out if there really is any truth in this matter or not. Perhaps I have been chosen by Our Lord to perform a Certain duty, and I wish to go and find out."

The affective reconstruction after his panic and collapse has many elements of efficiency, willingness to work and endure failures, but he finishes with an admission that he feels that he is called upon to be a disciple of Christ, and, as an absolution for his sinfulness, God will direct him; meaning, of course, complete sub-

mission to the obsessive compensation for inferiority, but on probably pathological lines.

During his psychosis, he would stand immovable for long periods and look at the wall while he was having hallucinations pertaining to Jesus, his little sister, a dog, God, etc.

Several times during one panic, he dived head first into furniture and was restrained with considerable difficulty. (Unfortunately, the history sent with the patient did not record the details of this excitement.) While in the Naval Hospital he heard his mistress' voice calling, "Come back!", gratifying the affective attachment to her.

His discussion of himself reveals the origin, in past experiences of many distinctive wish-fulfilling sensory disturbances of which he complained. This woman looked "something like my little sister." "Jesus Christ looked like a man with a hood on, and it came tight across his chin." "The little girl was supposed to be the little sister that was born when I was seven or eight years old. She only lived two weeks. All I remember of that baby sister is my brother had her wrapped up in blankets before the fire. The dog was like a big mastiff. I had a dog on my mind, sir. I thought the world of that dog. There was a family moved in next door to us. They were from the West and they had two dogs. One was a martin pointer. She was given to me. [His descriptions of his relations with the dog showed his erotic adolescent affection for her.] My father got disgusted and gave her to the dog-catcher one day while I was in school. Of course, I was cut up by it. At G— Hospital I asked several times for the dog's picture. That (God) was my own father. I believed my Father in Heaven sent me here for that purpose to keep me from destruction, because he was God to me."

He gradually became clearly oriented, sociable and industrious, but somewhat depressed and very repentant. He was discharged in excellent physical condition and appeared to be quite a comfortable personality, with, however, a dangerous tendency to cultivate moralizing inspirations in order to become fit for social esteem and completely repress his erotic cravings.

\* \* \* \*

It is hardly necessary to include additional cases of homosexual panic that originated in prisons, monasteries and colleges. The case of the physician (Case PD-1) who later became a bril-

liant philologist and the panic of a university professor (Case PD-6) show that irrepressible homosexual cravings are not characteristic of the ignorant or mentally defective. Under appropriate sentimental conditions, homosexual cravings probably may become aroused in most males and cause very serious disturbances of self-control, developing at times into nothing less than a psychosis.

In women, anxiety and even panic, with a well-fixed feeling of inferiority and delusions of persecution systematized about other women, show that the same mechanism of irrepressible erotic cravings may also occur in the female when she has submissive cravings for assault. I have never seen an aggressive homosexual female or male in a panic. The anxious homosexual female usually feels safer when her physician is a male.

Case PD-28 was a young unmarried white woman of twenty-five, who was struggling to pull herself together after a grave long continued dissociation of the personality. She related the following dream and impressions of her physical examination.

She dreamed: "I think I was dying and something with wings stood over the bed. It was black and I heard the noise. I said go away, go away. Somebody had me by the hair and said: 'I'll make a cripple out of you like Mrs. L.' I yelled and twisted and it seemed as if somebody was holding me." (The patient had an obsessive tendency to pull the hair of old women patients.)

She discussed the dream and finally began to tell with marked affect and weeping, her misinterpretations of the work of the woman physician who made her physical examination. "She did something to me like Mrs. L.—she stuck me in the thigh. She said I want to show you a little invention of my own. She put a towel over my face and asked me what she had in her hand. I said it was a bottle of perfume." (The wish-fulfillment in these peculiar delusions becomes transparent when we see that "the bottle of perfume" here symbolizes a fragrant narcotic and "the little invention" in her hand becomes the desired phallus which, however, would cripple her womanliness. The symbolic value is more evident in the following.)

The patient said her left leg then became paralyzed and she protested, "You destroyed something you can't replace [virginity]. You can't try that holy mother business on me." \* \* \* "She drove something into me with a tack hammer. I never wanted a girl." She said she never wished for sexual love from a

girl and then drifted immediately into the subject of her great love for her sister Ann. She said she cried every night and complained that she had no one to sleep with.

She believed she gave birth to a child by the twilight sleep method (narcotic), and insisted that the people found a dead child in the house.

This patient, while she was afraid of women, tried to misidentify a male physician as her lover and made many flirtatious advances to him.

Case PD-29 was an intelligent, married woman, forty-three years of age, who gradually elaborated a system of persecutory delusions which she centralized about her neighbors and a neighbor's wife in particular.

At thirty-four, she married a man of seventy. She had known him since her childhood, when he was a man of fifty with children considerably older than herself. When she was ten, her father was killed by the husband of his paramour and probably a compensatory association between her future husband and her father became established.

The patient was very religious, conscientious, friendly, and satisfied with her home. She felt that her married life was satisfactory until about three years ago (aged forty) when she noticed that the neighbors made "remarks" about her and seemed to laugh rudely whenever she appeared. This feeling, that common gossip was made about some *secret* relating to her life, grew into a firm conviction, and for three years she gathered an enormous collection of incidents where "looks," "remarks," "laughs," "signs," etc., proved it. For about two years she secretly nursed her suspicions, but finally, unable to further restrain herself, she confronted her husband with a surprising but convincing arrayal of incidents to prove that her neighbors were slandering her and making charges that she was a "bad woman."

Without going into her characteristic paranoid story of electric currents, searchlights, ridicule, plots, gossip, mind-reading, suggestion, etc., the case may be abbreviated to a record of a year of anxious consultations with physicians and a few months in a sanitarium. Her behavior was characterized by *weeping* and *fear* of persecution but no *anger* and no retardation of thought or ability to work.

She showed, symptomatically, every indication of being an

amorous woman who was making a desperate effort to suppress her eroticism. She had spontaneously confessed to her husband, with great anguish and embarrassment, her masturbation practices during the past few years, but this was not sufficient to remove the feelings that she *ought to be punished* and that the woman neighbor was to instigate the punishment.

Upon her admission, although she was at first rather reticent, her mental integrity was found to be excellent, and, gradually, as her confidence in the physician became established, she told most but not all the history.

Her difficulties, on the whole, seemed to be, at first, natural for an amorous woman at forty, being persistently sexually excited by an equally erotic but impotent man of eighty.

After a few conferences, she, *apparently without reservation*, told the details of difficulties which contained facts that made it possible but not probable for the neighbors to learn of her masturbation, through hearing certain characteristic noises through an open window, and her confession to her husband, which was made in a very loud voice because of his deafness.

Following a common sense, frank discussion of how such practices might be gossiped about by herself if she discovered another woman doing the same, *she admitted that she had been too quick and severe in blaming her neighbor for her troubles and not holding herself to an honest account.* (This method of adjusting the attitude of a paranoid state never works, unless the physician has the thoroughgoing confidence and *transference* of his patient and is able to induce his patient to see the reversed side of her belief that she is hated—the fact that she despises herself for having abnormal sexual cravings.)

Later, a more *complete* confession of her autoerotic difficulties and a readjustment of her interests along socially wholesome lines removed all traces of anxiety, and she seemed to become a very much relieved, grateful woman. Her most distressing fear, that neighbors were planning to have her arrested and punished by the police seemed to become adjusted when she no longer felt a sense of *secret guiltiness*. Previous to this time she wept bitterly and complained with great fear that the police were going to arrest her. As is usual in such cases, arguments and persuasion had not been sufficient to shake the apprehension. Not until she related how the woman who lived on the other side of a thin partition

had followed her about from room to room, "*keeping opposite to her,*" and made remarks to others, when the patient turned on the water or scrubbed the floor, that she was going to masturbate, did the patient succeed in seeing the mechanism of her cravings. This revealed the disguised interest of her eroticism, a masturbatory sexual interest in the woman neighbor and its attending feeling of being inferior to her.

The case assumed an encouraging turn after several very free discussions of this wish and of her methods of disguising her wishes. Her transference to me after I had been made aware of her worst traits, no doubt gave her firm feelings that she still must have some goodness in herself. Fortunately, while becoming aware of the fact that she was accusing the woman neighbor of being guilty of what she herself wished her to do, which caused her to feel no little shame at her hypocrisy, this woman paid her a friendly visit at the hospital.

This spontaneous visit helped to satisfy the patient that her suspicions had been entirely due to her own misbehavior. She made an excellent adjustment and openly showed her penitence and gratitude. Here was a very serious case of paranoia of over three year's duration that apparently made a comfortable adjustment through a psychoanalysis.

The patient was carefully forewarned that she must not consider her sexual problem at an end. It was difficult to foresee how a woman of such amorous disposition, with a strong resistance to illicit sexuality and an impotent, erotic, aged husband, would succeed in keeping herself comfortable.

About nine months after her discharge, following her husband's dangerous illness, which implied the possibility of freedom she again became erotic. Although she succeeded in preventing masturbation, she could not avoid the belief that her neighbors suspected her of such misbehavior. This soon became elaborated again into fears of persecution and secret influences.

She voluntarily returned to the hospital, depressed, anxious, erotic, and preoccupied with a stereotyped stream of thought. Although she had had insight into the wish-fulfilling mechanism of her fancies, such as being considered a "whore," she was now too erotic to understand herself. She however, had confidence in our insight, saying she believed she was understood.

She refused all personal attention, and food, had to be con-

fined to bed, given general hygienic attention and reassured repeatedly that she was safe. Within a month the erotic tensions and cravings again subsided and the tendency to become apprehensive at sudden sounds (electric elevator, locking doors, rattling carriages, etc.) disappeared.

Ten weeks after her admission she became accessible and confessed that the fear of her neighbors was due to her uncontrollable sexual desires. She now became pleasant, confiding, wanted to work, was no longer suspicious and resumed her general social interests. In the twelfth week she had insight and claimed to have recovered. She seemed to be "normal" and did not relapse. Eighteen months later she was still in excellent health and quite happy.

*This patient is unlike the usual anxious depressive in that she systematized her delusions of persecution and is unlike the usual paranoiac in the absence of hatred and haughtiness as a defense for her inferiorities.*

\* \* \* \*

The tendency to homosexuality surely in males has a dual determination. Not only are homosexual associations attractive, but there is an insurmountable affective (fear) resistance to heterosexual potency which becomes aroused by the amorous approach of the female. Through some affective mechanism, she, like the serpent-headed Medusa, freezes his soul. Her sexuality horrifies instead of fascinates.

Anxiety and depression may develop rapidly after a heterosexual failure in this type of male. Such reactions are often characterized by suicidal impulses due apparently to an irresistible regression to the mother. The patient feels that she can not give him up, and he, being unable to free himself, in order to become devoted to another woman, finds life is not worth living.

Case PD-30 was a soldier, unmarried, aged twenty-seven. He had a meagre education and came from the poor peasant class of Russian Poland.

He emigrated to America at seventeen, and worked in coal mines for five years. At twenty-two, he enlisted in the U. S. Army, because the mine had closed. His army record was free from misdemeanors except alcoholism. He was a tall, dull, sluggish fellow, slow to comprehend, and gave the general impression of not having the mental capacity of the average man.

He had become interested in the adopted daughter of a boarding-house keeper, and had been inclined to spend much of his time in their house. She was a rather pretty, delicate little girl, with small symmetrical features and blue eyes, but decidedly inferior mentally. She had been unable to attend school regularly, and had such stigmata as very defective, poorly aligned teeth. In her general attitude toward the patient, she was very erotic, and openly made sexual advances to him. She considered herself to be engaged and, later, despite his defects and the gravity of his psychosis, she was determined to marry him.

For several months previous to his psychosis, the patient had been depressed by the misfortunes of his mother. She lived in the Polish war area, and nothing could be learned about her fate.

Four weeks before his attempt to commit suicide, he was further depressed by influenza. One day, he left the hospital without permission and went to his girl's home. Here he solicited petting for several hours, and she occupied a bed with him, she said, only to comfort him. He believed, however, she had other interests. He became very erotic, but, as he expressed it, "didn't have the nerve." He said these temptations had been offered frequently, and he had never been able to go ahead because he lost courage. On this particular occasion, he left the house about 1:00 a.m., and procured a pint of whiskey. He felt, he said, "knocked crazy," and went to a hotel. There, he drank the whiskey, turned on the gas and went to bed with the intention of dying because he was "no good." He was found by an hotel employe almost asphyxiated, but recovered later without any serious physical effects.

At the hospital, he became very erotic and masturbated openly. He talked incessantly about being "rotten inside," and "knocked crazy," would not rest in bed, pounded his head against the wall, rolled around on the bed and floor. He heard his mother's voice, and dreamed of her calling him. He believed that in some manner his mother called him, and he often repeated: "My mother wants me to come back home." (Regression to the mother because of inability to surmount the obstacles to his potency.)

During his excitement, he was confused, and muttered to himself frequently, but was generally oriented, and remembered most things, although he was unable to hold his attention on any sub-

ject. His stream of talk was disconnected and could not be followed.

He passed into a depression after a few days, and complained that he was burned up inside, had no blood, was "rotten," "no good," "nerves were bad," and people called him "crazy," and "weak." He had headaches and could not walk or do any work. He tried to control himself but rather periodically masturbated and then declared that he wanted to die, because he could not control himself. He had completely given up, and was a very dejected, wretched man.

He considered his whole life to have been a failure and frequently talked to himself and to us about his girl, saying he wished to marry her, but could not make himself consent, masturbating instead.

He was kindly disposed toward the other patients, but regarded himself as hopelessly unfit. His depression continued for three months, after which he gradually extended his interests to the games, ward work, and finally worked on the grounds.

His heterosexual failure may be summed up as largely due to his attachment to his suffering mother, and the unfitness of the sexual object, as well as autoeroticism. "At the hospital, I worried myself nearly dead so I could come back to my mother." His attempt to suffocate himself with gas in the closed room was, it seems, the regression to the uterus. This man had never had sexual intercourse with women and could not establish his biological potency, but this is not to be attributed to his mental deficiency.

Case PD-31, a very well-trained, efficient lawyer, a descendant of a proud old New England family, reacted in a manner very similar to this ignorant Russian peasant, to a woman's sexual advances. True to the teachings of the New England conscience, he had been trained drastically to suppress any interests that pertained to sex.

He had never married, and had never shown an overt sexual interest in women. While visiting at the home of an old friend, this man's wife made unmistakable sexual advances to him. They had been "Platonic friends" for years. The act, he said, so embarrassed and "disgusted" him that he tried to commit suicide, locking himself in a room and turning on the gas. He was found unconscious. Confusion and disgust were the only explanations he offered for his act. He related this experience to me at the

time when he was obsessed with his sexual difficulties. He gave the history while seeking relief from an anxiety that made it reliable. The obsessive persistence of the sexual cravings had forced him to stop his work. Although over forty, he derived most unusual pleasure from any sort of conversation about the sexual question, and must be regarded as sexually undeveloped, because of his inability to perform the sexual functions of the mature male. This fact he attributed to puritanical moralizing on the part of his parents and relatives. His attempt to die, like the Russian peasant's, was the equivalent of an intrauterine regression to the mother. (These two cases become strikingly interesting when associated with Boecklin's fantasy, "The Isle of Death," Fig. 29, and the "Requiem," Fig. 28, as a regression, a suicidal fantasy.)

The acute dissociation of the personality, in both sexes, may become chronic and run a protracted course, varying from several weeks to many years, with final recovery, or may become permanent without further deterioration, as in Case PD-1, or pursue a course of progressive deterioration depending upon the negative nature of the transference and adjustment to the erotic pressure.

It seems that a persistent vigorous, pernicious counter-attack of *hatred* becomes directed against the conventions of society and particularly against those to whom social obligations bind the patient (parent, offspring, mate, employer), because they are repressing influences. This finally results in loss of social adaptability.

### Summary

The acute homosexual panic may well be considered a distinct stage in the psychoses. It may be diagnosed as readily as paresis by certain cardinal symptoms: (1) *panic* and the autonomic reactions which accompany grave fear; (2) the defensive compensation against the compulsion to seek or submit to assault; (3) the symbols used by the erotic affect and the disturbances of sensation it causes. The latter are complained of as visions, voices, electric injections, "dopy" feelings, "poison" and "filth" in the food, seductive and hypnotic influences, irresistible trance states, crucifixion, etc. It is necessary to estimate the significance of the symptoms of panic in a neutral environment and the significance of the various symbols used.

The prognosis of a homosexual panic in a soldier or sailor is usually favorable for that episode, but the future of that individual is most insecure unless he obtains insight and a fortunate sexual adjustment. In a series of several hundred cases which have been recognized in the past six years, most of the cases recovered. The recurrence of panic, later, among men who secretly reenlisted in some branch of the government's service and were returned to St. Elizabeths Hospital, as well as the return, several years later, of men who had profoundly deteriorated after having been discharged as social recoveries, shows that the recurrence of panic results from inability to control the tendency to become perverse, i. e., biologically abnormal. This abortive tendency seems eventually to become dominant and incurable and the chapters on the causes of variations in *chronic pernicious dissociation neuroses* or *dementia præcox* are composed of cases that are selected to show why one type becomes paranoid (compensates), another, catatonic or submits, and another, hebephrenic, or another case may show attributes that indicate a tendency to cover the whole regressive cycle and not be distinctive of any of these classical divisions.

## CHAPTER XI

### THE PSYCHOPATHOLOGY OF CHRONIC PERNICIOUS DISSOCIATION OF THE PERSONALITY WITH DE- FENSIVE HATRED, ECCENTRIC PARANOID COMPENSATIONS AND DETERIORATION

#### (Paranoid Dementia Præcox)—Chronic, Pernicious, Dissociation, Compensation Neuroses

Why should one man or woman who suffers from an acute dissociation of the personality make a relatively rapid recovery and another case run a protracted chronic course without deterioration, and still another individual deteriorate? To assume that the variation is due to differences in the social stresses the individuals had to meet, and to greater so-called constitutional or nervous instability, is about as accurate and satisfactory as to tell a scientific engineer that a house was blown over because its foundation was unstable. The answer can hardly be based upon one factor or attribute, but must consider the nature of the *repressed* affective cravings, the nature of the *compensatory* striving, as to how *eccentric, systematic and persistent* it is, how much *hatred* there is in it, and how *persistent* are the resisting social obligations that force the repressions to be continued and prevent a *transference* from being established.

In those cases where an affective readjustment occurs quickly, we often find that the patient has been *greatly* assisted by the friendly affection (positive transference) for some other person, a relative, friend, patient, nurse or physician. Attention was directed to the influence of the transference of affection to another person, which, in turn, stimulates a desire to work so as to retain the person's esteem, by several of our cases, particularly HD-1, PD-33, CD-3 and a seriously depressed young male Hebrew whose psychosis began upon the suicide of a boyhood friend and whose recovery began, he said, when he "found a friend."

Case MD-13 reported in full by Dr. Dooley,\* definitely crystal-

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lized the realization of the importance of affective transference for recovery from dissociation of the personality. This attractive young woman had been unable to control or to sublimate her vigorous sexual cravings. Secret masturbation and the repressing influence of a pernicious, infantile mother who, obsessed with the tendency to obstruct the maturation of her daughter by suggesting all sorts of fears about the uterine pains and trials of maternity, gradually forced her to divert her sexual cravings from refining themselves for a mate to substituting autoerotic fetiches, etc.

She repeatedly submitted to wild, erotic, infantile, self-indulgent flights of behavior only to emerge discouraged and feeling hopelessly inferior and unfit to win social esteem. Quite transparent advances made spontaneously to me on my ward rounds, indicated that probably a carefully directed influence might greatly help her to master her eroticism and influence her to turn it into constructive channels to win my interest. She reacted splendidly to a suggestion made while she was depressed, after an erotic flight, that I was sure she could take up the "responsibilities of womanhood." The next day she wrote me a letter containing a most sincere appreciation of my interest and encouragement. The existence of a vigorous transference between us soon became noticeable to those who were familiar with the case. Fortunately, through Miss Dooley, the patient found a medium of reaching me (my esteem). She made an excellent recovery after an elaborate, skillful psychoanalysis by Miss Dooley, and when she returned to the hospital for her discharge, now a student in a university, she asked to see me. With splendid womanly reserve, and yet a pleasing expression of gratitude, she said she wished to thank me for the interest I had taken in her, and for the "transference" that had been established between us while she was ill, making the psychoanalysis possible. She said it had enabled her to make an analysis of her difficulties, through associating her transference to me with the work of my assistant.

Case PD-33, presented below, further illustrates the influence of a transference upon recovery from chronic dissociation of the personality. The dissociations of the personality that run brief courses when the repressed affect overcomes the controlling egoistic affect, the latter having been weakened and depressed by disease or a hostile environment, are usually brief, due to the successful evasion of the depressing influence in the environment.

This occurs when the panicky, homesick soldier is sent to the hospital as a preliminary step for discharge. He escapes danger and the nagging of his companions, and the friendly nursing encourages or stimulates the depressed socialized wishes to assert themselves and regain control of the content of consciousness. The patient, feeling more hopeful, recovers through the influence of the prospective discharge and the prospect of winning his love-object.

The following case (PD-33) ran a chronic pernicious course and, although the patient strove desperately to understand himself, he was unable to understand the influence of his homosexual cravings. The psychoanalysis brought about considerable insight, promising recovery in this case of so-called "paranoid dementia præcox."

He had been diagnosed as a case of paranoid dementia præcox and generally regarded by his physicians as utterly hopeless because of his *systematized delusions of persecution, auditory hallucinations and oral sensory disturbances, his arrogance, dangerous assaults, and persistent masturbation*. About six months after his admission, he begged to have his "mind read" so as to learn whether or not he was "crazy" or actually being "hypnotized" for sexual purposes.

He was an uneducated Russian peasant of German parentage. His mother was "peculiar," and had been confined in an institution for the insane. His sister was also insane. He had no diseases that left injurious effects. He attended the Russian schools from six to twelve and advanced with his classes, although he felt little interest in his studies. He considers himself to have been a "wild boy" and difficult to control.

He ran away from home to work as an apprentice, and had to be persuaded to return. (This type of impulsive solution of an unpleasant environment was later frequently repeated by the patient.)

At seventeen, he emigrated alone to the United States despite the wishes of his parents. Until twenty-three, he maintained himself fairly comfortably in New York and other cities by working as a general utility man in stores, and as a plumber's apprentice. He was very restless, and wandered from one job to another. He said: "I used to work in a place; *all of a sudden* get tired of work there and leave it for another place. *I seemed all at once*

*to take a dislike to the people and quit."* (This characteristic fickleness is significant of inability to find a satisfactory love-object, and later showed that homosexual fears determined the shifting about as a defense.)

At twenty-three, he enlisted in the U. S. army, and served for about two years. Then he impulsively purchased his discharge and visited his mother in Europe. After a few months he became restless and returned to the United States. He reenlisted in the army and was sent to the Philippines. After twenty months of service (aged twenty-six) he again bought his discharge and returned to the United States. The second time, *as he explained with great detail to justify his actions*, was the result of "unfair" work imposed upon him by his captain. (*The charge, unsupported by facts, of being discriminated against is often significant of undue affections that are not being recognized by the persecutor.*) After several months of restless work at odd jobs, he enlisted as a federal prison guard. His struggle to control himself became intense, and he persisted in blaming others for his emotional difficulties.

A few weeks after he began his duties as a federal prison guard, the loss of self-control reached the proportions of a grave dissociation of the personality. He said he "got into the habit of being mad all the time." He objected to being imposed upon and placed on duty in the "worst cell house." Other men, he thought, began calling him "bad names," and he frequently observed them talking about him. He tried to escape this unpleasant situation by asking for a transfer, but the affective storm broke before this could be arranged. Distressing auditory hallucinations accused him of being a "pervert," "c. s.," "s. b.," etc. One night, he hallucinated an assault in which "someone was cutting me," and this precipitated a panic. He attempted suicide by drinking sulphuric acid, because men considered him to be an oral sexual pervert. (*The analysis of a series of such impulsive acts shows that, unconsciously, the act often satisfies the repressed cravings.*) After a period of treatment in a hospital he became more self-composed, and was considered to be fit for duty. (His physicians evidently had no insight.) Several months of duty with depression and worry followed, but his anxiety and tenseness becoming persistent, because "men looked at me in a peculiar way" and "disliked me," he was sent to St. Elizabeths Hospital.

Before discussing his psychosis as it developed further, it will be of interest to bring the history of his sexual life up to the same chronological period. He avoided, with denials and refusals, a frank confession of his sexual life until nearly six months after his admission to St. Elizabeths Hospital, although persistent attempts were made to obtain the history. Without it, his difficulties in the prison and the army would be wholly unintelligible. Not until he had repeatedly consulted me about his difficulties, after begging for a psychoanalysis, did he finally venture to tell the true story of his sexual experiences. It was immediately obvious that this had a most important bearing upon his distress and feelings of being persecuted.

(In *all* such cases, the only physicians who are at all likely to obtain a true history of the sexual career of the patient, are those who convince the patient by their personal attitudes, not words, that they appreciate the nature of his struggles.)

He gave his history of masturbation, including an account of the usual struggle to overcome the tendency, with *little embarrassment*. This was consistent with the fact that he had been masturbating freely during the psychosis and excused it as "a necessity." His sexual history also included numerous heterosexual experiences, attachments to several mistresses and an infection of syphilis at twenty-seven, for which he received some treatment. His debauches were usually accompanied by alcoholic indulgence. Finally, with great embarrassment, he confessed the nature of his relations with his mistress while he was employed at the federal prison. During an alcoholic (?) debauch he performed cunnilingus.

He insisted that she must have drugged him and deprived him of self-control. After this act, which he said occurred only once, he became more sensitive and worried. He lost his potency, which seems to be a common sequel in these cases, and this gravely depressed him. He believed that his associates had caught on to his perversions. This partly explained his notions that they were making remarks about him, in that he regarded himself to be sexually abnormal.

About two weeks after his admission to St. Elizabeths Hospital, he discussed the anxiety period at the prison, stating that he thought it had been caused by "imaginings," showing some insight; but at the same time, he insisted that the men in St.

Elizabeths Hospital were *now* talking about him, considering him to be a pervert, and were making sexual advances to him. Practically the same difficulties which he now said were "*imaginary*" at the federal prison, he insisted were a *reality* here. The reader should bear in mind that during the following six months he would give no account of his past sexual behavior.

He had a slight gonorrheal discharge and his blood Wassermann reaction was plus-minus. His physical condition was otherwise negative except that he complained of being "cold," "drowsy," "dizzy," "doped," and was afraid he would "die in a funny way." He was a man of medium height, square-shouldered, and very well developed. He had a large head, good features, a heavy distribution of hair and well-developed masculine physical traits. He held his head up stiffly, was proud, rather defiant in his stare, inclined to be arrogant and combative, and never showed a friendly disposition to men.

He was decidedly depressed, sullen, worried, apprehensive and suicidal. At every opportunity, he stopped the physicians and nurses to say, "I want a chance to go back to my outfit and prove to them that I am all right." He persistently told his troubles with great detail, and tried to *justify* his reasons for believing that he was being persecuted. He often added that, because he could not see why he should live, he would kill himself.

When he talked to the physicians or nurses he was extremely arrogant, and always wanted them "to understand" that he was as good as they were. He "impulsively" attacked other patients, and, one time, while lying sullen and brooding on a couch, and a physician bent over him to ask how he felt, he struck the physician in the face, shattering his glasses. He would give no explanation for this act. It looked "impulsive," but later he explained that he thought homosexual insinuations were meant by the question of "how he felt."

During this period he was disoriented for time and person, and answered the intelligence tests poorly. He paid no attention to questions or events in his environment that did not touch his personal difficulties.

He said: "I am not happy or sad, but just mad, because of the dirty tricks they have played on me. I imagine everybody is looking at me. I am supposed to be something I am not."

His delusions of persecution were mostly elaborations of hal-

lucinatory experiences which consisted of auditory, olfactory, visual, gustatory and cutaneous sensory disturbances.

He felt that "dope" was being used upon him, which made him do "funny things" (oral erotic acts). Sometimes when he closed his eyes he saw "stars" and "angels." At times he heard "beautiful music" and had a "queer taste" in his mouth. He heard voices accuse him of being a c. s., s. b., etc.

His dreams, he said, were "funny ones." "Sometimes I dream I am flying from one roof to another, and sometimes I dream my tongue is as big as an elephant's and my body is all dried up." His sleep, he believed, was disturbed by someone giving him "dope," and he felt like fighting everybody.

His insight was interesting, in that, despite his confusion and panic, he said, "I *imagine* all the time that people are talking about me." (His use of the doubting word, "imagine," indicated that he was still conscious of sensory images which were the foundation of perceptions that so qualified the hallucinated sensory disturbances as to cause some doubt about their reality and influenced him to admit that perhaps he himself created many of his troubles.) Sometimes he said, "I am a little off in my mind."

His judgment, however, about his difficulties and their solution was very poor, and followed purely reflex lines of defense. He wanted the doctors to "look up my past," to "let me go back there and prove I am all right." Attempts at explaining the necessity of his being treated in the hospital only aroused the persistent question: "Why should I be locked up?" He paid no attention to persuasion and advice.

The progress of the case was slow and changed but little during the first month. He continued to be sullen and extremely tense, becoming startled at the slightest sound. He was, however, not agitated, and did not complain of having committed sins, so typical of the more simple depression.

The first suicidal attempt was made about two weeks after his admission. He tried to strangle himself with his belt but, fortunately, it broke. His explanation was that people would not let him alone and he wanted to die.

After the second month he became more sociable and interested, and was assigned to work in the douche room. Although he still had the same hallucinations, he was not so panicky, but more combative. About the fifth month, his work had to be stopped

because he began openly to accuse different men of making sexual advances to him.

At this time he was very erotic, and one morning he indignantly demanded the protection of his physician. With great bitterness, he insisted that while asleep some men had forced him to submit to an oral sexual assault. Despite the most earnest persuasions, he could not be made to doubt the reality of this vivid dream experience. Fear of sexual assault by men continued almost nightly for the next two months. During this time, he slept very little and used many precautions to protect himself from the (hallucinated) assaults. He barricaded the door of his room with all the furniture available, and kept chewed paper in his mouth, which, he thought, would catch the semen and prove that he had been mistreated while asleep. Unfortunately, one morning, he found a hair in the paper, and this firmly convinced him that his hallucinations were realities. Conversations or questions had "double meanings." One night, the attendant legitimately asked him if he wished to have a sheet. The patient interpreted it to mean something "to spit in," and promptly assaulted the attendant. He was sure he heard the attendant say he had chancres in his throat. [*Numerous incidents of this type might be included in this case record to illustrate how persistently the individual insists that the cause of his distressing, irrepressible sensations is someone in the environment, in order to avoid becoming conscious of the true nature of his segmental cravings.* However, in the sense that the autonomic functions (homosexual cravings) respond to the seductive stimuli (a certain type of man) despite his efforts to prevent it, the patient is perfectly right in his statement that he is persecuted by the man, although the latter is unaware of it.]

During this period of homosexual eroticism he masturbated several times a week, because, as he reasoned, he "felt passionate and it had to have an outlet."

Despite these difficulties, he was given work in the laundry. He insisted that people there also talked about his sexual behavior, and soon he decided a certain woman employee was making overtures to him to perform cunnilingus. Although he would fight and threatened to kill a man when he suspected homosexual advances were being made, he was willing to indulge in heterosexual per-

versions. He tried to induce the woman to go into a nearby closet for that purpose. He again had to be confined.

Then he was employed in the green-house, but was quite useless because of his arrogance. He constantly tried to demonstrate his superiority, did little work, argued incessantly, and annoyed the employees.

He accused attendants of smacking their lips as an invitation to "go down," and often threatened an attack. Any smacking of lips, smile or inquiring look at the patient was resented as a reference to his sexual difficulties.

During the latter part of this period of eroticism, the patient asked for the "mental treatment." He naïvely wanted to be "hypnotized so the bad thoughts could be stopped." He reasoned, placing the cause characteristically in an impersonal light, that it was due to "bad blood." He also begged for work "to keep my mind under control." This was his own solution and, being excellent mental hygiene, had to be given every consideration despite his perverseness. He became determined to get his discharge, the need for which was surely biological, being created by the redevelopment of heterosexual cravings which now began to remanifest themselves.

Although he was disappointed because he could not be hypnotized, he decided he wanted to have his "mind read." He now, for the first time, told the important details of his sexual life and the act of cunnilingus. Because of his vocal difficulties and illiteracy the remainder of the time was devoted to helping him to understand that he thought men had homosexual thoughts about him, because he had homosexual cravings for them and was trying to hide them. At first, this was met with considerable indignation, but his transference was well enough established to permit me to talk plainly. He soon substituted me for the physician in charge of his ward and the superintendent (father equivalent), whom he had previously insisted used him for sexual purposes. He learned to recognize the element of irresponsibility for homosexual feelings (feelings should not be mistaken for overt conduct), and naïvely learned to talk of this as his "bad blood."

He discussed his sexual feelings at first in the following manner. "I feel as if a girl was like a piece of cake—it is my imagination, but my character would not allow it. I was that way when I was a little kid."

He maintained that cunnilingus was not so depraved as felatio, but not until later was it possible for him to discuss his reasons for this belief. "If I would allow myself to do that [felatio] to cure myself [it is surprising how often the belief is expressed by patients that by allowing the cravings to commit the act, a cessation of the craving would result], it would not cure me —[because]—my character will not let me go so low. I would jump out of the window or down a stairs afterwards. It looks like the harder I try the more it is against me. I feel dizzy and chills in me and it makes me drowsy. When a person feels that way he does not care to live.—Now, if I must die, for God's sake make Drs. W. and H. not do these things when I am asleep." (He was in earnest.)

He gradually became aware that he was afraid to sleep because of his erotic feelings and dreams, and this led to his explanation that he really lost control of himself in 1912 while in the Philippines when he complained of the captain's mistreatment. He said, with insight, "*I had the feelings for years, but did not know what it was.*" (This explains the whole trend of his behavior, irritability and repeated elopements, and sudden change of associates.)

As the analysis and insight progressed, this uneducated man began to feel that he was no longer homosexual, and had as much interest for normal sexual relations with women "as anyone." At the time of the onset of the psychosis, he said, he was able to perform the act, but had no desire. He now disappeared from the hospital. Two days later he returned with the explanation that he eloped to see if he could make a "good enough impression" to get employment, and also test his sexual powers with women. He insisted that he had enjoyed sexual relations, and his affective tone showed considerably less tension. He was still sensitive, however, walked stiffly, with head and shoulders back, held his chin high, and pursed his lips, but not so intensely as formerly.

Repeated studies of his social difficulties as they occurred, and their relation to his eroticism, enabled him to improve his insight. He felt proud of his conquest of masturbation, and considered his homosexual feelings as only a "small part" of himself which he no longer needed to worry about.

His homosexual cravings had considerably subsided, and with them, as always happens, the sensitiveness and compensatory ec-

centric strivings disappeared. The arrogant posture was not so evident. He no longer complained of persecutions, and tried to make friends. He talked about his future prospects, and determined to get married and "make a man of himself." The patient was discharged as a social recovery ten months after his admission—now adjusted as a benign suppression neurosis.

It was highly necessary to forewarn him of a possible return of his homosexual feelings if his wife should prove to be an unsatisfactory mate. (He seemed to appreciate this, and declared he would not make accusations should it occur. This, however, would be too much to hope for, should the homosexual regression recur. The prognosis depends, it seems, entirely on his capacity to make an adequate heterosexual transference.)

Unfortunately, at present, there is no means of preventing such cases from marrying, or of knowing whether or not the difficulties will return with the stresses attending marriage. This man's anxiety, compensatory arrogance and feelings of persecution had increased as his sexual cravings turned to homosexual interests and decreased as they turned to heterosexual interests. Should he marry, and his mate become a heterosexual obstacle, instead of an attraction, he will probably again have feelings of persecution as his repressed affections turn back to the easier outlet of homosexual submission (See Case PD-9).

The following case (PD-34) ran a more protracted course. His compensatory strivings were more eccentric and violent, but he finally adjusted sufficiently to permit discharging him as having made an affective readjustment sufficient to control himself and earn a living. In his case, an important variation from the preceding case occurred, in which, he at times submitted with considerable pleasure to the dissociated perverse affect.

His father died at sixty-three of a cerebral hemorrhage (?), and his mother, who "was out of her head at times," died at forty-seven of carcinoma of the uterus. The patient was born in Constantinople, in 1887. He was the second child, and had most of the diseases of childhood with no serious effects. His blood (Wasermann) reaction was positive for syphilis to several tests, but no signs of a cerebral form of syphilis could be found. He also had had gonorrhea. He was educated in several mission schools in Turkey, and learned to speak English fairly well. He emigrated to the United States at seventeen, and worked at *numerous*

jobs until twenty-one, when he enlisted in the army. His reasons of "unfair treatment" for leaving many of his positions indicated that his general suspiciousness and irritability were due to a dissatisfied affective craving.

His sexual experiences during childhood were very promiscuous, including masturbation and considerable overt curiosity about his mother. He never felt moral resistances to heterosexual indulgence. His career as a soldier lasted two years. He had several courtmartials and was difficult to control. When brought to St. Elizabeths Hospital (at twenty-three) he was very hyperactive, with flight of ideas, hallucinations, marked suggestibility, fairly clear orientation, memory accurate, mental faculties well controlled for brief periods, but no insight. He was proud, arrogant, suspicious, loud, domineering and yet afraid. He was always very hypochondriacal and wanted treatment for cancer of the brain, (condensation of father's and mother's diseases), weak arteries, weak muscles, floating kidney, tobacco heart, appendicitis, *syphilis of the larynx* and inability to see with his right eye when he used his left eye (to see good because of evil). His complaints indicate that he had vivid auditory, visual, olfactory and other sensory disturbances of the hallucinatory type, into which he had no insight. He complained of seeing "parts of the body, as a lung, a leg, a foot, etc.," but added: "You know they are not there, don't you? They are only thoughts, maybe."

When asked if he heard voices, upon admission, he said: "Certainly, it is my mother talking to me. Yes, mother. About nine—2 C. C." Voices accused him of sexual perversions and, particularly, of oral erotic homosexual cravings. To protect himself from the homosexual cravings, he constantly moved about the ward, talked loudly, accused others of following him, and had numerous fights to protect himself from the "hypnotic influence" of others.

During the first few months, because of his activity, combativeness and inaccessibility, little could be learned about his hallucinations, except through his letters and spontaneous discussions which showed that his difficulties were very similar to those he complained of throughout the following four years.

During the acute stage of his illness "all" his "relatives" appeared to him (visions). His mother appeared as a "consoler and adviser." He had sexual relations with her, "as natural

intercourse." She "felt affectionate, loving one like I would when I was a child, but when it was all over it seemed like a dream." To this he *spontaneously added*, if his mother now tried to coerce him into a sexual act he would resist it. He commented further: "My mother has suggested to me to know what it is to feel gorgeously, in the gorge [placed hand on larynx], to have sexual intercourse in this manner" (oral). He said all his life he had to struggle against such compelling feelings in order to retain his "manhood."

About the sixth month he began to describe his hallucinations, and within the next four years he developed an elaborate system of explanations for them to which he persistently adhered until the sixth year of the psychosis.

: He usually wandered about the ward talking to himself, making many gesticulations and mystic movements with his hands and eyes to communicate with and control the telepathic messages he was receiving. He had numerous fights to stop patients and attendants from "working on" him, and wrote a series of pitiful letters to the superintendent. They characteristically show the nature of his homosexual struggle and the transference to the father image.

The following abstracts from a letter written by the patient to the superintendent about four years after his admission show the chronic persistence and the nature of his affective struggle: "Am dropping you a few lines to let you know that I am awfully displeased about your actions as you are constantly tormenting me by giving me surplus pains all over my body. [*In the light of present psychiatric knowledge, the foregoing sentence would be sufficient to make a diagnosis of repressed submissive homosexual cravings.*]

"I have written you particular letters about infidelism, masonic secrecies and all that. Am positive of everything and not a bit scared to tell you that you are the cause of my surplus worry, tormentations and sorrow.

"You are the Masons that's augmenting the pain of these sores [ulcers] and my appendices as well, for you are constantly keeping after them and you are irritating them all the time. I have pleaded and am pleading again and again, telepathically and correspondingly, to stop all this foolishness as I have enough of it, for I can stand it no longer. I am a human being like your-

selves and have feelings like yourselves. So please consider a little about what you are doing to a person who has never bothered, hunted or harmed you in any way.

"I have been considering this for the past two years and four months—I have done my utmost to have you stop the frequency of the 'nightly emissions' but haven't succeeded yet. What on earth is the matter with you? Are you after my life pretty bad? I have used six bottles of medicine for such 'nightly emissions' but to no avail. Do you mean to tell me that I am so weak as all that? You are the 'Masons' that's hallucinating us in my dreams and deceive me while helpless and make me dream off. I feel so weak at the present from the consequences that I can not sit down and write a letter without feeling pains in my back, kidneys and along the spine. [Nocturnal and precocious emissions are often the cause of worries about having a weak brain and spine.]

"It is a dirty shame. Only twenty-four years old. One thing that I have noticed and it has been exercised on me for a long while, it's the wish of some of your employees that has a lot to do with my sufferings. [Herein are revealed the feelings that lead to fights, delusions of persecutions and defensive murder. This patient, however, was passive enough in his reactions to make him fairly safe if treated pleasantly, as the following quotations show.]

"If you wish to let me know your presence at any time or anywhere *give me some secret signs of the harmless kind, to make a poor unfortunate lad like me happy.*" (Willingness if pleasantly treated.)

On the basis of his somatic disturbances he wrote many characteristic essays about such subjects as: "Immigration," "Darwin and His Theories of Evolution," "Christianity and Infidelity," "Masonry and Its Deeds" or "Freemasonry and Rosicrucianism," and a series of erotic love letters to girls.

(All psychotics are exceedingly introspective and inclined to note their trivial, odd, sensory disturbances as well as the more persistent, unpleasant tensions like the scalp tensions, spastic and griping alimentary conditions, etc. Such normal incidents as increase in rate and strength of the cardiac systole, when the patient has to appear before a conference of physicians, are often attributed to the annoying "wireless influences" of the Masons, etc.)

In an essay on Masonry he pinned a newspaper clipping about the training of Jesuit priests, identifying the two as similar

mysterious bodies. For him the Masons were "The ranking," highest order and founded by "Solomon the King," "The Wise" (paternal attributes). He commented: "Through some mysterious way, like the inventions of the present day, the secrecies of Masonry were discovered or founded by the forementioned King, which it undoubtedly shows the *supreme* mentality possessed [by] him, as *the secrecy of life and its particulars.*" (*The secret societies are believed to know the secrets of life and logically are suspected by the patient of knowing the secret wish in his difficulties.*)

Since the erotic feelings and hallucinatory experiences are compulsive and force themselves on the individual, he feels himself to be held as a victim for sexual purposes, a white slave, or a novice before the shrine, to be initiated into the mysteries of sex and life.

Four years after his admission he gave the following interview. (He was extremely tense and emphatic. He shouted his statements and often smashed his fist into the palm of his hand to demonstrate, he said, his vigor and manhood, and indicated what he would do if "foul play" was contemplated. His personal style was stilted and arrogant, and he used numerous polysyllabic words with little regard to their meaning.) In the interview, he said:

"I was temporarily insane when I first came here. I saw many pictures of anatomy, such as hands, feet, heads, different kings, angels, the German Emperor, the Sultan of Turkey, etc. My idea has been that secret lodges could interfere with a man's career. It may be my imagination; hallucinations caused by mental strain. I had false hearing. I was called unpleasant and insulting names. People said they would "pump me out," told me I was immoral, a pervert and associated with prostitutes. I have no tendencies that way. [He was, however, very immoral.] I have seen it when a soldier and outside of the service. People have tried to seduce me and when they would not get me to concentrate my mind on these things they called me bad names. I have had to struggle against these things and at times it has been hard to control my thoughts."

With intense feeling, he shouted, as I sat at the desk: "*I see you are trying to get at Masonic secrets and by coercing my mind you think to impress those feelings on me but it can not be done unless I am fouled.*"

The patient then continued as follows:

"I might, however, be led into a trap and the object accomplished through love. This can be done. For example: If a mother, sister or sweetheart were to concentrate sufficiently on one's mind and thus produce the desire—I never had the love for man that a woman has. I have had men practice immoral relations with me, but I have given the part up, and, although it gives me feelings of love, I can control myself except when I am fouled. I have worried and fought against it for I know it is against my manhood. I can demolish [smashes his fist into his palm] the feeling [in himself] if there is no dodge in it. They will have to fight it [demonstrates his willingness to fight], but as I said before it can be done if two or three people concentrate on me. [This was a frank admission of his submissive homosexual make-up and he identified it in nature to be like the love of a woman for a man.]

"They say once a pervert, always a pervert now. If I as a child did it, you fouling me, do you mean I would do it now? But, if I did it after a certain age, then I say, once a pervert, always a pervert. This feeling is an instinct. It belongs to a woman, but I have to fight against it. If this feeling were transferred to me I must resist it. If not, I lose my manhood." (*This man had worked out this mechanism of the repressed wish himself and his case is used here because of this.*)

A few days later he wrote a letter under the caption: "FOUL PLAY—MASONIC SECRET ORDER—CONTINUED SODOMIZATION," in which he tried to explain how an individual could be influenced into sexual perversions against his will and why he feels that secret societies are responsible for this. The following is an extract:

"I shall remind you of the present 'Masonic order' which, after having had the experience of knowing the abnormality of the secrecies; I was put to a test by relations as a verification and a proof of absolute supreme order, *by having a desire for 'Sodomie,' ordered to feel affectionate against my will, towards another's and had temporarily senses taken away*; in other words, rendered helpless, to prove the efficiency, supremacy, and ultimately, the positiveness of the order." (This is equivalent to stating that when his anal eroticism became severe it ultimately became so "positive" and "supreme" that it temporarily overpowered him, taking his senses away. This is an interesting case of *segmental* domination of the final common motor paths despite

the *ego's* resistance.) He continued: "Similar to this, I have had other things proven to me by *parental consent* which helped me cast doubt aside, when only a young lad and a scholar, about secret organizations and their standing, the 'Masonic' being the ranking. The facilitations through these secrecies, have enabled others to do as wanted and *even play foul through its charming order, which seems to control will power temporarily until the accomplishing of an act.*"

*The words in italics reveal that the source of the "secret power" is in the repressed, dissociated, affective craving. Its "charming order" controls "the will-power temporarily" until the accomplishment of an act resulting in the gratification of the perverse erotic hunger. This, then, because of inability to transfer the craving to such zones and stimuli as will make the act an enduring memory pleasure, becomes, instead, a memory source of remorse. His inability to control his autonomic erotic reactions to certain types of men convinced him that these types of men possessed a secret of nature and could hypnotize him against his will; hence, a secret society, Masonry, etc. As a general rule, this "hypnotic" power is felt to be an attribute of the father-imago, as the superintendent, director, president, "highest" secret society, etc.; that is, the potent or powerful males who are in authority for society.*

Gradually this patient became less dangerous and irritable as he learned to control his homosexual cravings against the "hypnotic" influence of his associates. He quit fighting, and was given freedom of the grounds. For a year or more his arrogant efforts to elevate himself to a level of equality with the physicians and officers were quite a nuisance. He talked to himself a great deal, and usually referred to the hypnotizing "They" in whatever he said to the physicians. He made playthings, such as cigar and cigarette holders, which were probably oral substitutes for phallic symbols, because he had, at the time, active, oral erotic interests which he was gradually forcing to use symbols.

Five years after his admission, he still believed that he could be made the victim of "foul play," but that it would be more difficult than heretofore. By the sixth year, he had cultivated so much self-control that his feelings of persecution had largely disappeared and he became decidedly less arrogant. Six years after his admission, he was discharged to the care of a relative as improved. He still struggled with homosexual cravings and held

Masons responsible for his difficulties and "constipation." He was no longer combative, although sensitive and egotistical.

\* \* \* \*

The above case shows clearly enough how the perverted sexual cravings, when they become dissociated and acquire gratification through wild perversions or through hallucinations, become the foundation of the conviction that surely a mysterious foreign power is controlling the *ego*.

The factor of this man's anal eroticism and its capacity to take his senses away, make him unconscious, will be referred to in the chapter on the anal erotic group and their convulsions and stupors.

The mechanism of the paranoid personality who chronically blames others for his hallucinations and sensory distress because of the dissociated affective cravings is one of the most important problems in psychopathology. Since no two cases are alike, volumes written upon this mechanism would not exhaust it. That a perverse affective craving should be struggled with and repressed because of its intolerable tendencies, is quite obvious, and that it should become dissociated and uncontrollable when the superimposed, controlling, socialized affective interests, which are cultivated in order to keep the content of consciousness pleasing in the struggle for social esteem, become fatigued or depressed, is also a simple, acceptable explanation. But this again brings up the more intricate and important problem: How does an affective craving become perverted? How does it become *conditioned* to crave the use of abnormal stimuli and abnormal erogenous zones? These questions take us at once into the influence upon the child of secret loves and hates of the parents, those inaccessible intra-familial feuds about which only the most astute observer ever obtains evidence.

Such cases as the following bring out the conditioning influence upon the child's biological career which results from too intimate relationship with homosexual or abnormally biased parents or relatives. (Cases HD-1, AN-3.)

(For the past five years I have had opportunities to study the parents of this boy as well as the patient, Case PD-35.)

Case PD-35 has a father, who is an impulsive, suspicious, easily rattled, persistent, wiry, little Jew. At thirty-three, he

married a pretty Jewess of twenty-four. She was always unusually prone to anxiety states, had frequent seizures of "palpitation of the heart," was rather eccentric, proud, prudish, inclined to keep herself aloof and fond of showering fastidious attentions upon her child.

She had three children, two of whom died in infancy. The patient is her only living child. The maternal grandmother was also given to "nervous spells" and was "too devoted" to the grandson. He usually spent the summers of his boyhood with her.

The father's brother, an unmarried man of rather secretive character, whom the patient styled as being more of a woman than a man, and who, the mother said, was a "crank on children," slept with the patient since his early childhood. The boy was always very fond of this uncle who showered him with attentions and little gifts.

At birth, the patient weighed 3 lbs. The mother stated that the unusual devotion of the grandmother, who "carried him in her bosom," saved him. He was a very delicate, tense child and, from four to thirteen, was often nursed for his headaches. Although he had measles, typhoid at fourteen, and a mild nephritis, he became strong, well developed, though medium sized, tense, energetic, and apparently without a physical defect, at twenty-three.

The mother and grandmother devoted all their attention to the cares and whims of the child, always dressed him "*in white*," kept him spotlessly clean, selected playmates for him, never allowed him to go barefooted, humored and flattered him assiduously, taught him to be egotistical, selfish and to crave dominance above everything. When the question about his going barefooted was asked, the mother replied with a strange, cultured poise of feelings: "No indeed! You never found a neater boy. The doctor wanted me to put him on a sand pile, but I never trusted him with anyone. He was so delicate \* \* \* I never allowed a maid to take care of him alone at any time \* \* \* Even his own shadow would frighten him when he was a child and I had to explain it to him. \* \* \* He was always afraid of being locked up and disliked closed doors and gates." These statements, given with unmistakable efforts at self-exoneration, show the chronic course of suspiciousness, anxiety and foolish pride to which the child had been exposed, throughout its life. (The psychopathologist must

suspect an unwelcome child in such instances, the aversion being overcompensated for.)

The boys called him "Toney" because of the scrupulous tone of his dress and teased him at every opportunity. He had numerous fights to protect himself and his "screams of 'mamma' could be heard for blocks."

"His health never permitted him to take an examination," his parents conscientiously maintained, until he entered high school. Because of his headaches, etc., he was *nursed* on especially prepared foods and *humored* by the four adults of the household. This ruinously anxious mother was utterly unable to foster fortitude and patience in her son. The father had to whip him "once" because of his obstinacy.

At ten, he learned to masturbate, and the family's anxious solution, upon the advice of the grandmother, was to encourage him to visit prostitutes (aged fourteen). This was accomplished through the guidance of older boys.

Throughout the patient's childhood he was nursed, humored and never permitted to take his place in the boy's world. At puberty he was engineered by the ambitious parents into an older crowd so that at sixteen he had interests that made him compete with young men of twenty.

During high school he was extremely ambitious and the pride of the household. He did well as a high school student, although he had considerable trouble with his arithmetic at first. His history gives the impression of intense striving to keep ahead of his associates. He was a "great reader" and took particular interest in *medical books*, although he never considered medicine as a profession. (From what developed later the boy was trying to solve his sexual problem.)

At seventeen, the boy started his business career as a bank clerk. He progressed very well, but his scheming, striving selfishness, general suspiciousness, and tricky inquisitiveness soon made him very unpopular and the butt of considerable nagging and disfavor. He was sensitive, irritable and arrogant, and unable to make friends although he made acquaintances very readily. *He had developed no capacity for gratitude, sincerity, self-sacrifice, devotion, or humility.*

His chronic feelings of inferiority, for which he desperately strove to compensate, were pathognomically revealed in a seem-

ingly trivial incident. He was attending a night law school (aged twenty-one) when, he said, the lecturer "looked at me when he talked about delusions." (This should have indicated worry about his self-control.) The feeling that he might be abnormal bothered him persistently and he discussed the lecturer's remarks with great seriousness at home.

His mother was a very pretty, girlish looking woman who delighted in stylish clothing. This worried the son and in his vigorous protests were poorly concealed suspicions that she was dressing to attract the attention of men. The patient's resistance to the mother's dress seems to have begun at about thirteen and has always persisted. It has since become evident that it is due to a sexual interest in her. When seventeen, he happened to be with his mother in a woman's store when the clerk complimented the mother on her youthful looks and added the rather common remark that the mother and son looked more like sister and brother. The patient reacted immediately with intense indignation at what he considered an insult to his mother. He was horrified at the suggestion that she looked nearly as young as himself and might be mistaken for his girl. The importance of this revelation of his sexual attachment to his mother was completely overlooked at the time. He became very erratic in his demands that his mother should dress in plain, severe, clothing, preferably black.

When nineteen his anxiety about his mother's morals reached a climax. He seems to have been literally obsessed with thoughts and fears about her sexual life and was constantly watching for clues. He accused her of exposing her legs needlessly to his uncle (father's brother). One night, just after he entered his home, he saw his mother, dressed in negligee, standing in the bathroom. As he hurried up the stairs she turned the light out. Just across the hall stood his uncle in an open bedroom. The situation absolutely convinced the boy that he had surprised his mother in a compromising situation with his uncle. With bitter invectives, he charged her with immorality. The father, who was downstairs, entered into the scene and tried to plead with the patient, but no evidence or reasoning could shake his absolute conviction. He charged his father with stupidity. Previous to this incident, the members of the family had noticed the patient's increasing exhibition of jealousy when his mother became affectionate with his father or uncle. This uncle was "like a father" because he contributed to the fam-

ily maintenance; and although his mother suggested it, the son would not permit the uncle to leave.

The next evening his mother broiled a squab for the patient to win his favor. He tasted it, and then, cunningly, this young Hamlet asked her to eat it. Not appreciating the situation, she gave the squab to his father, whereupon the patient furiously demanded that his mother should eat the bird and not the father, because it was "poisoned." He emphatically declared that he could see through his mother's plot. She had poisoned the squab to kill her son and husband in order to marry her husband's brother.

From that time to the present, eight years later, he has been unable to change that conviction. He has accumulated numerous "signs" and "remarks" that showed his mother did not love him, but cared more for his uncle. He has become a veritable melancholy Hamlet, brooding over his incestuous love for his mother and her infidelity to him and his father.

When his mother and uncle cleaned the house together, when his father became ill, and when his uncle called him "the king," he interpreted these affairs as convincing signs that something was ominously wrong. He consulted several physicians about his health, and reported to his mother that a physician said his blood-pressure was high. He said she "sighed" so peculiarly at this that it meant she had given him up. During this period, he visited his grandmother and, while swimming, struck the back of his head in a dive. His neck was painfully wrenched and his grandmother, in applying heat, blistered it. Later, when in a panic, he complained about pains in the back of his neck which may have had an association to this accident. He rubbed the back of his neck constantly during the panic.

The patient's suspicions and anxiety were shown in his work also. He had advanced from a bank messenger to paying teller and seems to have exercised no restraint of his ambition to push ahead. During his banking career he worked in three institutions, from one of which he was dismissed for prying into a private secretary's papers. (Extending the family's secret intrigue.)

He fancied that he had discovered a scheme among some bankers to consolidate several banks and in the course of the operation he was to lose his position. His assistant was given a raise of salary and promoted over him. This convinced him that he was in disfavor. On one occasion he assaulted a clerk for making

"remarks," and could not forget a taunt made by another clerk that he would become a cashier soon. He fancied that he had learned a secret about his employers' business which would jeopardize them if it became known and they were determined to get rid of him. His pride, fastidiousness, insistence upon dominating, and suspiciousness, increased his unpopularity.

The story of his sexual career should also be brought up to this age (twenty). From fourteen he had been encouraged by his grandmother, mother and father to visit prostitutes because of their horror for masturbation. His mother believed she had some control over his behavior because he confided some of his experience to her. At twenty, while on a vacation, he became involved in a scandal with some married women, one of whom tried to commit suicide. He is reported also to have forced himself upon another woman and barely avoided being arrested. "Just out of curiosity" he had induced several prostitutes to perform fellatio upon him, but he denied all other sex perversions. About four months later he entered the Phipps Psychiatric Clinic upon his own judgment "to find out if I am crazy or not." He complained of "pains in the head," "uncertainty," "no confidence in myself," "feel that I have delusions." "Don't know, may be I was told." He said that at times he felt "blue." He complained that "stiffness" of the eyes and spasms of the muscles at the base of the skull occurred when he looked at people. He frequently would thrust his head forward and stretch his neck, because it felt as if it might "fly back." He was inconsolable about his heart, blood-pressure, the contraction and dilatation of his pupils, pains in the "top of his head," "base of the brain," and "in the back," etc.

He was extremely curious about the record of his case and the physical examination, trying to discover clues of a plot against him, and whether or not his physical condition showed signs of collapse. His physical condition other than the anxiety symptoms was excellent, except for a small inguinal hernia and hyperactive reflexes.

He gave a complete history of his life, including his difficulties as a bank clerk, the "remark" of the teacher in the law school, and an account of the intrigues of his wretched home life. He was not sorry for his unethical curiosity and significantly justified himself with his motto, "If there is anything I don't know I am

going to know it." He emphasized a personal characteristic that he was proud of—"Never took anything off anybody." (Compensation for inferiority.)

His description of his home life revealed the brooding, melancholy Hamlet. His mother, he felt, did not love him or his father but favored his uncle. He was sure she was immoral and his experience with women was such that he said he could not trust any of them. He was unable to love women and his home was ruined by secret intrigues.

He complained about having been raised "like a hothouse plant," being unduly "self-conscious," and "bashful." This was in striking contrast to his actual disposition of audacious inquisitiveness and impudence. For a year previous to his seeking treatment he had refused to speak to his mother or uncle and openly considered his father a stupid weakling, while his mother came from "a shrewd family."

His dreams were significant in their revelations of the oncoming failure, such as often dreaming of falling off the world; of being compressed between two big balls or worlds that carried him up and down; of slipping off a curb and "nearly jumped out of bed trying to catch myself," and a series of incestuous dreams with emissions.

Although he was decidedly ambitious and worked hard he had no "power," no self-confidence and could not concentrate his attention. The mental test showed an inability to remember test phrases as well as he should and simple calculation tests contained several mistakes. He recognized the deficiency and anxiously interpreted it as a sign of mental collapse. He denied hallucinations.

The tendency to panic and delusional interpretation of environment soon became evident. Within a few days after his admission, through a cunning system of questions, he tried to discover whether or not two patients on the ward were physicians in disguise put there to watch him. A few days later he had elaborated this into imagining that he was surrounded with plotters and his death was imminent.

Although the patient had applied with genial smiles and friendly advances to find out whether or not he was going insane, behind the mask of genial cooperation was a complicated delu-

sional system of three years' elaboration of his intrigue and hatred.

I had personal charge of this case, and although we had at first regarded it as a mild anxiety state we soon became convinced that grave difficulties were involved, possibly he was a case of so-called paranoid dementia præcox. But what was paranoid dementia præcox? That the patient was suffering from an intense mother-attachment was obvious, but how should it be handled and what was the significance of his chronic fear? Although the homosexual panic was recognized, no one had insight into the mechanism of the homosexual panic at that time, and the necessity of cultivating a "transference" of affection from the patient, so that he would feel safe, was not understood.

Within a week after his admission he had become panic-stricken. We were plotters intriguing for his death. He thought the bath was arranged to drown him, the tonics and foods contained poisons, he would be destroyed while he slept, etc. He frequently examined and rubbed his hands and feet because they were "dying." He would rub them vigorously to keep up circulation and often jumped out of bed and went through vigorous deep-breathing exercises to save his life. (Michelangelo's "Captive," Fig. 47.) He would not lie down in the tub and when ordered to do so, screamed and pleaded for mercy. His rapid breathing and pulse rate, tense facial expression, dilated pupils, general muscular tremors, insomnia and refusal to eat, indicated the seriousness of the panic. He came into the physician's office crying from the pain in a tender spot on his neck which was in about the location of the blister made by his grandmother. He constantly rubbed this surface. When he became interested in other subjects the pain tended to disappear. No inquiries into his fear of castration or actual homosexual assault were made at this time, although the course of the anxiety, a year later, indicates that the patient was passing through a classical fear of castration because of incestuous cravings.

The patient gradually became more quiet and asked to be pardoned for his excitement. He pleaded to see his parents, and earnestly solicited their love, as if they had hated and abandoned him. He also asked for religious attention. His confidence, however, could not be gained. To his parents he was beseeching, but

he had no confidence in them and was inclined to be irritable and rude as soon as they resisted his demands.

No further insight into the case was obtained at this time except that an association test showed his difficulties. To the stimulus word "friendly" he reacted after twenty-five seconds with "my father," and the next time said "everybody"; to "mother" after eight minutes he responded "dear"; to "duty" after twelve seconds, "obligation"; to "threaten" he gave no association and the second time reacted with "to promise."

About three weeks after his admission it became evident that he was interested only in one thing—his dismissal from the hospital. He shrewdly won some confidence by disclaiming further fears of being poisoned in the hospital and by becoming very obedient. His restlessness, inability to amuse himself or read, the firmness of his refusal to go home, his plan to visit a relative in the country, indicated that all was not well. He was removed from the hospital by his father despite our advice. For six months he now lived fairly quietly with some relatives in a distant state, but would not live with his parents. Gradually he began to complain that the Masons subjected him to strange sensations. He worked in a real estate office, but had to quit because of his inability to work accurately. Upon his discharge, his employer "made the remark," "If you ever get another job," which, he said, meant the Masons had schemes for his destruction and would keep him from working.

The patient's submissive homosexuality now came frankly into the foreground as his most pressing difficulty. He had been sleeping with his cousin, a physician. One night he charged this cousin with perpetrating a sexual assault upon him during sleep. His foundation for the charge was a peculiar taste in his mouth. He also believed he had been infected with gonorrhea and syphilis in this manner. To escape from the Masons he made an intricate trail through several cities and then stopped at a " 'Masons' Hotel.' " That night "every sound" indicated an oncoming assault or an initiation. All night long he remained in his room (9th floor) in a panic expecting the Masons to rush into his room. He prepared the window so that he could jump if the door was opened. (His behavior suggests an explanation for some impulsive leaps from windows by panic-stricken travelers in hotels.)

After this he returned to his home "frightened to death, tor-

tured to death by Masons." Everybody "eyed" him. He found that several of his uncles were Masons and his mother's father had been a Mason. On one occasion he approached his mother with, "Did you ever take a Mason's degree?" His mother replied that she had taken some sort of Masonic degree when she was twelve years old. At this he cried out, "My God, can't you help your own son?" The Phipps Psychiatric Clinic now was fancied as an institution of Masonry in which he had received a Masonic degree.

One night his mother, while lying in bed, suddenly became aware of him standing over her. He said: "Mother, you have got me hipped [hypnotized]. I can't get my mind off you." She was terrified by this and a lively scene developed as the frightened family tried to shut him into a room.

He was then sent to a sanatorium and the physician, he said, put "poison," "spue" (semen) into his food and wanted him to marry an immoral woman. The physician, he fancied, tried to hypnotize him and promised to release him if he would perform fellatio. He eloped from the sanatorium in a panic and was committed to St. Elizabeths Hospital. (The cause of the panic and delusions must be seen in the patient himself—in his uncontrollable homosexual cravings.)

Upon his first admission, age twenty-two, eight months after leaving the Phipps Clinic, he was depressed, inaccessible and incessantly worrying about property and money which he claimed belonged to him (the inheritance he would probably receive upon the death of his father). He had no insight, was certainly experiencing annoying sensory disturbances, and made numerous hypochondriacal complaints.

He was well oriented, shrewd, performed the intelligence tests well and his physical condition was excellent. A month after his admission he convinced the jury that he was not insane and was discharged.

Immediately upon his return home he complained of Masons talking about him in the house. He threw the hysterical family into an uproar and four days later was recommitted to St. Elizabeths Hospital. He was suspicious, surly, asocial, seclusive and would not work.

He has been here continuously for six years since the second admission and his behavior shows that a pernicious dissociation of the personality is now going on. Only the striking features in

his behavior in the past six years need be recorded to show the persistent influence upon his reasoning of the dissociated perverse affect.

About a year after his admission, I joined the staff of the St. Elizabeths Hospital. The patient promptly concluded that my coming was a scheme for further persecution. Although he had been very reticent about his sexual difficulties to other physicians, he was quite readily induced to tell the story of the sexual persecutions that were disguised by the social persecutions which he characteristically preferred to talk about.

He said the hospital was a religious institution in which Catholics, Jews and Masons were initiating him into a religious ritual. They made him masturbate (which he did with little effort at concealment), were making a c. s. out of him, and were trying to give him syphilis in the "*back*." For the impotent inferiorities he compensated with schemes worth vast sums of money, wrote numerous letters to prominent men, begged his father to give everything away to the Masons so that he would be freed, made an emblem of toilet paper which he wore in his buttonhole as a sign that he had been initiated into the great secret (anal erotic interests).

He schemed incessantly and accumulated numerous "signs" and "remarks" to convince himself that he was surely being deprived of his sexual powers and freedom by *his uncle*. He could hardly be persuaded to talk of anything else than his property, money from his father's insurance, his Masonic uncles, etc. Usually his discussions wandered aimlessly, being unable to talk consistently about anything except to disguise his troubles. Frequently he stopped to whisper to himself.

When he came into the consultation room he asked me suddenly if I proposed to hypnotize him as Dr. — had and make a c.s. out of him. Several weeks later he deliberately ventured that he was willing to become a pervert if this was necessary for his freedom. (The wish-fulfilling influence of the uncontrolled homosexual cravings are to be seen throughout his delusions of persecution.)

He finally confided that he was controlled by a stronger will which masturbated him and forced him to submit to oral perversions. (The dissociated affect.) He was sure that this could happen because snakes could hypnotize birds. He said the Catho-

lies hated the Jews and were using him to degrade the Jews. Johns Hopkins Hospital was controlled by Catholics because a large statue of Christ stood in the entrance. Since he had been a patient there, he had been admitted and initiated, and perhaps there was "more than one Jesus Christ." The Jews were called "Christ killers." While he was talking of himself as a Christ he spoke of Dr. — (who is a large man of about fifty). He described Dr. — as trying to make him submit to a sexual assault and in it he made a significant error; "then I begged him not to let me—I mean not to make me do it. He kept me from eating and tried to weaken my will." (The oral-erotic act often has the significance of a religious act, a crucifixion of the rival son to the virile father. Its expression is submission of the Jew to Catholicism, of the son to the father. Homosexual perverts sometimes speak of their oral-erotic submissions as a crucifixion. Biologically, this is quite true.)

A few days later he described how he was being "slept on" by "someone" who was "*getting old and needed strength to keep young.*" He said: "It is too bad this old man did not use many young men to get strength from each one and not ruin one young man, who had his whole life before him, by *sapping* his strength and ruining his mind and physical condition internally." He described himself as being "sapped" by the old man as a fountain of youth. He said he was being slept with day and night and could feel electricity being drawn from him and from the air around him. It is "static electricity" and this is "life." "Life is necessary to prolong life" and because the "germ of life" was being "sapped" out of him he was losing strength. He would not explain "the germ of life," but when asked where it came from, he said "the semen." His fancies about this procedure were that the germ was obtained by using him in a mysterious sexual manner, that his money was also being taken and with this complaint he referred to himself as being like Christ.

When he was asked to describe the uncle that was "sapping" his strength, although he gave the name of an older uncle, he described the uncle he had slept with for eighteen years. (The idea of sapping of the strength during sleep is not an uncommon one. Among the laity one may hear the belief expressed that an older person saps the strength of a younger person when they sleep together.) The patient complained that this arrangement in his

boyhood was a mistake. His homosexual attachment to the uncle, whom he accused of having coerced his mother, was evident. This uncle had "always been like a father." He really had two fathers.

This was the high tide of the psychoanalysis and was reached after a few weeks of consistent painstaking effort. Then came the over-transference. He said I was able to hypnotize him and the delicate affective rapport miscarried. We were never able to discuss the influence of this interest in me and the progress of the analysis was arrested. No doubt this was largely due to my inability to handle the transference which is usually a most difficult thing to do if the patient will not try to sublimate and the physician is inexperienced.

For a year or more previous to this analysis, he had complained of being masturbated and orally seduced by hypnotic powers, etc., and spit continuously, in any direction and on anything. His face was chapped and raw from the constant application of a wet towel over his mouth to keep out "something." He used great quantities of tooth paste to keep his mouth clean and would not explain to us why he persisted in these prophylactic measures. Usually, as he paced about the ward with the wet towel over his mouth, he cursed and muttered to himself his resentment of the abuse. At last, the explanation was given in a violent condemnation of his father, who, he said, permitted a woman, who wore black furs, to urinate in his mouth. A girl who played with him in childhood was sitting on his face, he said, and men subjected him to oral seductions. He chewed inordinate quantities of tobacco and smoked cigarettes incessantly to get rid of a taste that distressed him. He usually had his trousers unbuttoned and frequently inserted his finger to scratch his genitalia, which were also the field of persistent unpleasant sensations. Probably castration fancies played a part in this because he complained of having had his potency ruined.

His parents' fear of him, when he was at home, was apparently justified, because, about three years after the charges of infidelity were made, he insisted that his father should examine his mother because he had shot his mother and the girl who had lived in their home when he was a boy.

He also felt that he should shoot the uncle and a boy friend. He would not discuss his experiences with these people.

To the physician he denied his delusions and hallucinations,

but repeatedly told his father that the roof of his mouth was being ruined and "urine was poured in by the quart." "I am dreaming all the time. They are bleeding me to death" (castration).

His verbal attacks upon his father were wholly unrestrained. He called him almost everything vile and accused him of living with prostitutes, etc.

He had an occasional tic, jerking his back as if something sharp were being thrust into him, but would never discuss this, usually only muttered and cursed to himself when it occurred.

Although very neat and tidy heretofore, about the fourth year of his psychosis he became very careless and tore up his clothing. When the excitement of war swept over the country he became an army and naval officer, financier, diplomat, etc. He sleeps poorly and at night tends to wander about the ward trying to escape from persecutors.

He has passed through several brief panics in which he feels he is being murdered and has made several desperate attempts to escape. On the whole, he is a very unreliable patient.

At present he insists that his father and mother are dead, that he is a lawyer, army officer, Mason, animal, everything. He mutters to himself and has but one interest—to escape from his sexual tormentors. Lately he begged for fat tablets. He wants enough to increase his weight to "two or three hundred pounds." (This has been found in other patients to be a reconstruction wish, to counteract nocturnal emissions.)

He is very tricky and schemes constantly, but his general behavior shows marked disintegration of the personality.

At no time has he tended to be grateful, courteous or appreciative. He is completely self-centered, lazy, proud, sensitive, suspicious, egotistical and hallucinates most of the time.

Some notes about "the voices," which he wrote on an envelope a year and a half after his commitment, indicate the fixed affective value of his hallucinations. They say, "if you ever get another job," "crazy," "a rich wife," "a good-looking girl," "can I be as witty as anyone else," "can I screw a girl and give satisfaction," "be an inventor," "I am different from other people," "I can't think," "Be a study nature," "How do your eyes feel?" "you don't want to work," "Man or monkey," "I can't make friends," "You are afraid you won't get a good job," "you know too much," "A pain in the back of my neck," "Love me," "I am

jealous," "you are hippeod," "No reputation to lose," "you made me love you, I didn't want to do it."

The patient has no insight into his personal deficiencies and concentrates all his efforts in maintaining that he is normal but misunderstood and mistreated.

His crucifixion for the invigoration of his uncle, his fancies about the death of his father and the immorality of his mother, the heterosexual, incestuous interests in his mother, his inability to love other women, and the sexual submissiveness to old males, gives us considerable insight into the affective cravings of the classical paranoid form of progressive disintegration of the personality. (*There is occurring in this man a pernicious sexual abortion, a biological growth, from which he is striving desperately to save himself.*) An assumption of constitutional inferiority or a toxin need not be made to explain this man's dementia. Should anyone become conditioned to love and hate what this man loves and hates, he could hardly be expected to avoid insanity.

*Repressed homosexual cravings may also cause a chronic dissociation of the personality of the female.* This woman (Case PD-36), whose case is here briefly reported, had hallucinatory sensory disturbances that indicated strong homosexual cravings and a heterosexual attachment to an old man. She would not permit a woman physician to ask her intimate questions or make a gynecological examination, whereas she was inclined to become quite friendly with men physicians.

This patient had several years of college training and was teaching school when she became engaged. She married at twenty-nine, after a two years' engagement which had been broken several times. She placed the responsibility of the marriage upon her husband's persistence and forcefulness and said it was not due to her infatuation for him. When she accepted her husband's proposal of marriage she was inclined to regard it as an agreement merely for the sake of an engagement.

Later he forcibly persuaded her to write out her resignation as a school teacher. They were soon after married, without preparation. The night before the marriage she was depressed and cried. She said she could not understand her reactions because she should have felt elated.

(In this critical decision, forcing herself into an unsuitable biological career, she yielded to persuasion because she had lit-

tle or no definite heterosexual interests, and yet felt that she should have. Her spontaneous reactions were depression and aversion for the man.)

From the outset she never occupied the same bed with him and not often the same room. She demanded arrangements whereby she could live apart from him. When the first child was born, the second year after the marriage, she characteristically transferred her affections to the child and ignored her husband. This adjustment became even more eccentric after the birth of the second child.

The pathetic story of their mismated relations and the patient's sexual aversion for her husband is told best by extracts from a letter from her husband to her physician:

"As to my relations with her since our marriage, while they were always friendly, I can not say much about her for she chose to live away from me most of the time during the past sixteen years—during all those years she preferred to live in W— while I remained in Cuba. When I was in W— she went out in the country and the year of my coming to Porto Rico she spent in North Carolina. Her claim was the tropics injured her health. Her trip to North Carolina was upon the advice (she said) of a physician who feared lung trouble. I do not think there was anything in that, but it was easier to accede to her wishes than to deny them, or to cross her in her desires. She came with me to Porto Rico, but only remained six months. The number of times I have set up housekeeping and sold out my furniture kept me broke and frequently in debt. For seven years I did not see my family—her letters fell off to about six a year—there was less and less affection shown in her letters to me. In May, 1913, I was a very sick man and went to M—. I wrote to my wife to join me there (I had not seen her for seven years as stated), but she did not do so. Finally, I went to W— where she was. Though the house was small and crowded, I was able to obtain a hall bedroom next to hers, where I was flat on my back. During that time she never came near my room, but contented herself with sending the boys to inquire about me. Later, we all went to a country place, where I remained until the middle of September. She insisted upon a room, with the boys, at the other end of the house from me. Except at dinner we seldom met to speak. She cherished animosity toward me and seemed to think that I was back of her troubles,

present and past. I am sure that nobody who knows me and has watched my life during the past sixteen years can possibly believe that I care or have cared for anybody but her. The life I have been obliged to lead has all been because of her, but with the hope that she would eventually return to live and share my life as a wife should. [*The only explanation of his wife's behavior that occurred to him was that she believed him to be unfaithful. Neither understood the hopelessness of her homosexuality, and he waited for years hoping that she would return to him.*] As to her character no one can make me believe that she was ever otherwise than pure and sweet, notwithstanding that I found numerous endearing letters from an elderly (male) friend. I hope and pray for a change that will make a cure in her case with our eventual reunion. That is all my life has amounted to for all the years that have passed since 1899. Anything that will give her comfort and the greatest happiness wherever she is, is my principle purpose in life."

Apparently only a divorce, as soon as the incompatibility became apparent, could have saved the happiness of these two people from this tragedy.

The patient guarded her children prudishly from their playmates, who, she insisted, were trying to teach them immorality. For nearly two years she managed to keep the youngest child out of school to protect it from immorality. She lived in the same room with the children and slept with the younger boy about whom her obsessive fears of immoral seduction were most persistent.

Her delusions of persecution became so persistent and promiscuously referred to others, "particularly unmarried women and bachelors," that finally she had to be relieved of her children's care and sent to a sanatorium.

Now she misidentifies strangers for old acquaintances, weaves about them persecutory designs and hallucinates homosexual assaults perpetrated upon her at night by older women. She says they break down her abdominal organs and put their knees into her abdomen, etc. (This compares interestingly with the ideas about old men in the previous case, and the hallucinations of Case PD-17.)

She has often dreamed two dreams. She said: "I try to climb a long hill to a church on its top and I never seem to get there. And I dreamed this after I was married also.

"I also dreamed of having Billie [son] in a baby carriage, trying to push it up the hill and I couldn't. It always seemed that some day I would see that church."

The frequent dreams of trying to climb a long hill (ascend to the biological levels necessary for maturity) indicate the autonomic-affective indifference to her married life, and the effort to protect her children from the sexual immorality, which she is compelled to feel they must endure, reveals her preadolescent sexual fixation. That older women are gradually killing her by weakening her reproductive organs shows the preadolescent sexual cravings from which she can not free herself. Such cases have a very poor prognosis unless handled with insight early in life.

Her feelings of persecution still persist. She is irritable, quarrelsome, insolent, haughty, and scornful of all her associates and physicians. They are her inferiors. Thereby, she overcompensates in her attitude for her grave, unmodifiable biological deficiencies. She lives in a world of fancy and distorts any reality to suit her wishes, hates her husband and refuses to consider any attentions that indicate a design to return her to him. Such women, dreading their homosexuality, often develop the conviction (compensatory) that the immorality and vulgarity of their husbands deprives them of love, or that, because of their fancied charms, men persecute them with invitations and seductive intentions.

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*The most important determinant of the malignancy and incurability of the psychopath's methods of thinking is hatred. A conception that is formulated in order to permit hate to obtain gratification is more difficult to change than any other. This is due to the fact that the hater can not admit inferiority or error to his opponent, that being a form of submission and acceptance of the opponent's righteousness and superiority. Hatred does not tend to accept a situation, but is so constituted that it must modify or destroy it; hence, if a faulty conviction is established gratifying hatred there is likely to be a serious eccentricity in the adjustment to reality.*

Society soon becomes afraid of, or at least loses confidence in, the man who chronically hates, and the tendency, if the hatred

is quite volcanic and asocially eccentric in its demands, is to isolate the individual.

The individual begins in infancy and preadolescence with a pathological overvaluation of one of his parents, usually son-mother, daughter-father, which is generally due to the excessive affection (hate or love) of the parent for the child. Because of the overlove for the parent the individual becomes unable to love any other person of the same sex unless it is an image; hence, there is no autonomic sexual invigoration, in case of the son, upon marriage or flirtation with an otherwise attractive female. She only arouses tensions, anxiety and a tendency to precociousness of sexual adjustment.

The paranoiac's love for his mother, although often attended by incestuous dreams, is, in reality, fundamentally the love of the nursling, and is decidedly dependent, submissive and *receptive*. In comparison to this profound submissive disposition, essentially feminine, the *projective*, independent attitude of the virile male may be considered.

The submissive cravings of the oral erotic male are of the nursling type, making him a wretched man unless he can find a love-object that gratifies this tendency. The need of a love-object is characteristic of all types of males and females, and irritability and cynicism is the natural reaction when society fails to produce it. The male, however, can not admit his submissive cravings unless he is willing to admit himself to be biologically perverse and inferior, and accept the relentless social condemnation that must be directed upon him in order that the species may conserve its integrity and future.

According to their adjustments there are three classes of this submissive type: (1) those who indulge and abide meekly by the consequences; (2) those who struggle directly, intensely to overcome the cravings; and (3) those who succeed in finding wholesome distractions and sublimations in science, philosophy, religion, art, etc., and keep themselves unaware of their homosexual tendencies.

It is the second type that makes the asocial compensation. Despite his good intentions, his effeminate receptive cravings react to the presence of the virile, projective, assertive male, and reflexly he develops a love reaction. This frightens him because he soon has vague premonitions as to the biological dilemma it will lead to and, fearful of the virile man's personal influence, he

defends himself. Most men despise the receptive cravings (to be petted and fondled by males) in particular when this leads to ridicule. The unfortunate individual, feeling persecuted by the possibility of discovery, counteracts with anger and hatred of everything that may humiliate him, particularly the one whom he loves.

The patient strives to master the unequal battle at this uncompromising level, and becomes an eccentric nuisance or a menace, and is sent to an institution. Now, truly persecuted, he shifts his charges to the people that confine him and escapes admitting the biological inferiority to himself. The cravings for submission to virility's petting and flattery insidiously develop, even though



Fig. 53.—Tensions of facial muscles showing desperate striving as a defense against fear of becoming effeminate and homosexual. His final solution was suicide.

repressed, until they become uncontrollable and force the individual to become aware of hallucinated forms of sensory gratification. Treating the hallucinations as realities, the individual becomes hopelessly entangled within himself and his personality is gradually destroyed.

The ideal way to rear a male to become a paranoiac is to begin with a devoted, religious, prudish mother and a self-centered, all-wise, domineering, irritable father. The mother, within a few years, develops in her son, beginning from infancy, an insatiable receptive dependence upon herself. This becomes the foundation of the later incestuousness. His attachment makes him a rival of his father, who, because he must dominate, and because he has

the enormous advantage of experience and power, becomes a suppressive factor. The son tends to revolt and assert himself to overcome the father's advantages and achievements that attract his mother. An intrafamilial feud threatens, but the devoted, horrified mother intervenes and instinctively pleads that if the son loves her he must not oppose his father. He is thereby forced to renounce his ambitious craving to become his mother's hero, and crucified instead, he becomes her baby; a realm of ownership wherein the father can not enter.

This triangular adjustment continues comfortably until the son, maturing, is forced to leave home and compete with other males. Having lost his capacity to initiate spontaneous assertions of his interests, through voice and deed, he is forced into submission by his competitors and gradually finds his associates are forging ahead. Then he learns that he is regarded as a coward and effeminate. Horrified, he compensates desperately, but eccentrically, because he can not compete frankly. Gradually, unless very fortunate, his eccentricity defeats him. In the meanwhile his love craving, to be protected and flattered, makes him miserable because he can not find comfort and a suitable love-object. Tired and distracted, he regresses and is swept off his feet by the hallucinations that gratify the perverted love cravings.

One of my paranoid patients, who had struggled for years against the nursling's form of receptive cravings, finally abandoned himself to them and performed cunnilingus. While in the act, he was astonished at becoming aware of strong wishes to get inside of the female. (See Boecklin's "Isle of the Dead," Fig. 29.) Cunnilingus is usually abandoned for fellatio, and although such males derive comfort and relaxation from the abandoned attachment to virile males, they tend later to make eccentric compensations as a defense against the persecutions of their inferiority. The compensation then is to invent or discover omnipotence at any cost (Cases PD-1, HD-4, PD-10).

It is reasonable to expect that the male or female, beginning with a well-disposed bisexual equipment, if wrongly trained, will have greater difficulties in maintaining a well-balanced social career whereby the predominant autonomic cravings may be gratified.

It is also to be expected that wherever the capacity to make assertions or projections is imposed upon and weakened by a resist-

ant jealous father or mother, later, when the man marries, if the mate is also inclined to be resistant, he will be gradually forced back upon a dependent, submissive homosexual basis and concomitantly lose his power to project himself upon the interests of others.

This probably explains the phenomenon of the striving male, who, making an impulsive marriage to establish his potency, finds himself growing impotent after the novelties of the female disappear (Cases PD-9, PD-10). In some types he becomes dominated by her, craving to be mothered; and, gradually becoming submissive, he, in turn, becomes fearful and paranoid or avoids responsibility when opposed by men.

### Summary

The fearful homosexual as a paranoiac strives incessantly to reach a state of socially estimable biological potency (heterosexual) which, however, he can not quite-maintain because he is "conditioned" heterosexually to be stimulated by a tabooed love-object, or is socially obligated to depend upon a frigid mate and is prevented by "overconscientiousness" from seeking another, or he is so conditioned by adolescent experiences and infantile submissions that certain types of males fascinate him and he can not overcome this. The catatonic, it will be shown, gives himself up to the repressed cravings and permits them to satisfy themselves through whatever they wish or tend to cause him to hallucinate. He or she becomes "crucified," "dies," is "reborn" and again grows up. The hebephrenic is not so inclined to emphasize death and rebirth, but regresses to a childhood or infantile, excretory erotic level and tends to live in that playful, irresponsible affective state indefinitely.

*The determinants for these variations are due, it seems, to the nature of the influence of associates, during the growth of the personality, conditioning the needs of the autonomic-affective cravings.* The nature of the social-economic resistences to be overcome in order to make life worth living no doubt greatly depresses those individuals who have poorly developed heterosexual inclinations.

The dissociation of the personality and the tendency to pernicious deterioration, characteristic of the so-called paranoid type of dementia præcox, are due to the *chronic, perverse eroticism* and the *persistent fears* of becoming influenced to yield to sexual as-

sault or onanism. The *hatred* with which they counter-attack the social conventions which oppress them, and the friends and relatives who are forced to oppose them, establishes a vicious circle from which they become unable to extricate themselves.

In the paranoid type the craving for crucifixion is quite consistently found to be active, but in the catatonic the crucifixion is often actually acted out in some modified, symbolic ritual. The crucifixion in the psychosis reveals the strong cravings for sexual submission as a biological sacrifice.

## CHAPTER XII

# THE PSYCHOPATHOLOGY OF CHRONIC, 'PERNICIOUS' DISSOCIATION OF THE PERSONALITY WITH CRUCIFIXION AND CATATONIC ADAP- TATIONS TO THE REPRESSED CRAVINGS

### (Catatonic Dementia Præcox)—Chronic, Pernicious, Dissociation, Regression Neuroses

The catatonic adaptation occurs in acute as well as chronic anxiety and panics, and is an adjustment to the cause of *sexual excitement and fear*: a reaction not alone characteristic of men and women. I have observed it in monkeys as an adjustment to causes of fear and sexual excitement. The catatonic adaptation to causes of *fear alone* may be observed in animals, birds, fish and insects, and the assumption that a toxin or cerebral lesion is the cause of the catatonic attitude, or even the catatonic's stupor, has flagrantly failed to consider the phylogenetic origin of this adaptive mechanism in man.

The observations that monkeys use the catatonic adjustment to causes of fear were reported,\* with considerable emphasis upon two factors that seemed to influence the adjustment: the *confinement*, preventing flight, and the *sexual excitement*, craving for manipulation by the older monkey even though that monkey was ordinarily reacted to as a cause of *fear*. He usually punished the young monkeys severely whenever he could reach them, and on the occasions of the catatonic adjustments he roughly examined the eyes, face, teeth, gums, and genitalia of his submissive, plastic objects while they were erotic. These two facts, the inability to escape and the sexual desire to be manipulated, make a most interesting correlation with the same facts present in every catatonic psychopath—especially the erotic craving to be subjected to manipulations, "initiations," "crucifixions," etc.

The following selected cases show that the mechanism is es-

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sentially that of an irrepressible sexual craving, which, becoming dissociated from the personality, *the ego*, is considered by the individual to be a foreign personality. This dissociated sexual craving, becoming uncontrollable, produces hallucinatory forms of sensory disturbances of being sexually manipulated and assaulted. The patient continues in his submissive, more or less non-resistant attitude until the erotic cravings are gratified by the hallucinations. As the eroticism subsides the individual is able to resume his habitual social interests, and his friends, no longer unconsciously arousing the erotic autonomic reactions, again have an affective influence upon him which they can understand and of which he is not afraid.

The catatonic adjustment in males is due, except upon rare occasions, to the fact that the dissociated sexual cravings are perverse and require the reception of homosexual attentions. In the female, however, they may be due to an unusual resistance to normal heterosexual cravings, the resistance being insurmountable because the patient has been taught by those she loves that any wish pertaining to sex is horribly licentious or disgraceful. In this respect the asocial significance of the eroticism seems to be about the same.

Case CD-1 passed through a remarkable catatonic crucifixion. The underlying affective attachment to his beautiful mother was not so much due to her prudish resistance to his becoming heterosexually free as it was due to the loyalty and devotion to her welfare, which she unconsciously cultivated. The father was not a domineering parent, we were informed, but was kind and devoted to his son's welfare. Rivalry is often disarmed by kindness and it is more likely, from what transpired during the psychosis, that the son was unable to free himself from a religiously sanctified overlove for his mother. In turn, the tendency to use his fiancée as a subject for masturbation fancies made him feel that he had been guilty of unworthy wishes that must be purged from him, *eliminated* (like Case AN-3).

The patient was the only child of a beautiful, devoted, girlish mother. His father was unusually chummy with him and taught him many of the tricks that delight a boy, such as building toys, a canoe, how to camp, play games, etc. The family situation seems to have been delightful throughout the patient's boyhood. His

heredity contained no psychopathic determinants. Except for one convulsion in infancy, and mild attacks of measles and scarlatina, the patient was physically robust. He was interested in many outdoor sports.

His career in school showed that he did very well except for a failure in mathematics when he tried to enter the Naval Academy. His youth was considered as the reason of the failure.

When seventeen, his father died unexpectedly. The mother and her son finally adjusted themselves to the situation, which was very difficult because of their affective dependence upon the father. The patient immediately entered a business firm and learned to manage his mother's estate. For three years he did ordinarily well and seemed to enjoy the responsibilities of taking care of his mother. She devoted herself to the comforts of her son and literally idolized him because "he was a perfect brick." Friends of the family recognized the affections and devotion of mother and son as an unusually happy solution of the family problem. They both fondly cherished the memory of the man who had devoted his life to their happiness.

Descriptions of the patient's personality given by the mother, fiancée and several friends, as well as a series of kodak pictures, gave unquestionable evidence as to his excellent social qualities. He seems to have been a favorite in his set, fond of athletics, parties, business, was an excellent mixer, very good-natured, witty and likable. All accounts of his character corroborated the impression that he was a good-humored, robust young fellow. None of his friends considered him to be sensitive, timid or irritable, although I pressed the issue hard because of the unusual nature of the psychosis occurring in a man with such excellent social qualities. He was not inclined to spend his money foolishly and indulged in no compensatory debauches.

At twenty, he became engaged to a delightfully frank, independent, self-reliant undersized girl of about his age. Despite his very unusual height (six feet, six inches) he seemed to enjoy the jokes at the expense of their physical disparity. Although he was apparently not sensitive about his height he seems to have given it some consideration, because his mate was undersized and he particularly enjoyed the novelty of being bossed by this little woman.

At twenty, he enlisted in the State Militia and enjoyed the

military work but his friends were inclined to think that he treated this work too seriously. A few months later the troops were suddenly ordered to the Mexican border. The rush of preparations and the possibility of war threw everything into a whirl of excitement. Just preceding this event, the patient had been worried by a hazardous business deal.

The young couple decided to announce their engagement on the eve of the departure of the troops and the patient had it published so that it read like a military order. Their friends regarded the unique announcement as a clever idea and the patient himself seemed to think of it as a bit of fun. At the same time, his fiancée worried about his being "too serious" about his military work. She protested that he was more engrossed and worried than his companions. He, however, seemed unable to regard the situation in any other light than that of an extremely serious event, which indicated an unusual affective pressure.

The officers, with whom he was a favorite, noticed that he tended to become *confused* with the details of his work and the patient also expressed concern at his inability to make things come out right, but objected when others offered to help him. This apparently mild, but persistent, tendency to confusion was not recognized as the onset of a grave affective disturbance and he was hurried off to the border with the troops.

The above is the story of the man's behavior as any friend or physician might have learned of it and is the essence of the observations of the family. No other etiological factors, they emphatically maintained, were to be considered. The psychiatrist, however, can not afford to rest contented with the socialized half of the patient's career. If he permits himself to be misled he will never obtain insight into the actual problems involved in the case. The following information was obtained from the patient after the psychosis was well started, but since it concerns his behavior preceding the psychosis, it is brought in here in order to emphasize the significance of the military form of announcing the engagement and, later, the characteristics of the psychosis. The patient had one heterosexual experience at fifteen which can only be regarded as a sexual experiment. His masturbation career began at adolescence with other boys, but later, when it usually is stopped by most boys, he secretly continued the practice under the self-assurance of its being a physiological necessity. *This*

*justification probably spared him from being timid and sensitive.* This practice occurred usually after he had retired. On some occasions it followed after he awakened from erotic dreams. Usually the autoerotic escapades followed amorous situations with his fiancée. These episodes, however, as usual, were finally followed by remorse and a determination to make amends for the misbehavior. The announcement of the engagement as a military order (sacred order from the government), just before the troops were going away to a probable war, contained an indication that the play of wit disguised the yearnings to attain a state of grace which had been lost through sexual misuse of the sacred love-object for masturbation fantasies (Cases AN-3, HD-1). This effort at *self-redemption* came strongly into the foreground after the psychosis had progressed for several months. (It seems, from my cases, that the paranoid type feels the necessity for self-redemption, but does not get relief because he does not allow the affect to carry him through whatever it craves, like the catatonic.)

From the onset the difficulty in carrying out orders increased, and by the time the train reached the border the patient was in a grave state of confusion. He struggled desperately to control himself against compelling feelings to remove his clothing. The compulsion, however, mastered him within a few days, and in his confused condition he tried repeatedly to remove his clothing before the men, with the compulsion (within himself) to go through a sacrificial form of initiation. "I was very self-conscious about the publicity of my engagement. I was numb all over as if there was no force in me, and then, for a minute, I would get clear and know everything. In San Antonio *they* [hallucinated] led me to believe that my mother and girl were dead. I spoke to them all the time. I don't know why. Over a year ago [about the time of the engagement] I went to the doctor because one testicle was lower than the other. It had been injured in a football game and I developed varicocele." He also intimated that perhaps circumcision was necessary, and that masturbation had had something to do with the varicocele.

A friend who was in his troop on the border described the patient's behavior, showing that he soon passed into a hallucinatory *panic* during which he fled into the desert, poorly clad. He was found in a haggard, desperate, terrified condition. He expressed particular terror for the soldiers' knives.

When the company surgeon examined him, he said of someone who passed, "Do you see that man? He has my face." When a physician passed through the room, he said, "That man had a frown on his face and now I have it and can't get rid of it." (*This marked tendency to imitate and passively submit to almost any impression was later controlled by a catatonic resistance to the feeling that we desired him to yield. It is absolutely essential to recognize that the desire to be manipulated was in the man, and was really the erotic affect seeking a solution. If the reader can accept or understand such things, the remainder of the psychosis becomes transparent.*)

A few days after the onset of the panic he was sent to the St. Elizabeths Hospital. Upon his arrival he was haggard, exhausted, confused and tended to be disoriented and hallucinated. There were relatively lucid intervals that lasted for several hours, but he was never entirely clear. He persisted in confessing that he had committed numerous crimes and perversions that involved his friends and family. He had particular difficulty in understanding the behavior of the other patients, and constantly read secret, seductive meanings in the movements of everybody. The letters written during the next few weeks varied greatly in continuity of expression, and none of them were altogether free from errors.

For a week or so he seemed to improve, and asked to work in the dining room in order to get his thoughts on other subjects. For some unascertained reason he soon became too confused to do any work and tended to lose touch with everything. He would stand for hours in one place or follow people around a few steps and keep asking unfinished questions about the meaning of things.

*He complained of cardiac, respiratory and gastrointestinal distresses: believed that he had syphilis, leprosy and infantile paralysis.* When he was a child his parents passed through an infantile paralysis scare.

Another patient, who was sent with him from the border, passed through a state of very erotic, symbolic dying, and for several days yelled lustily to be "saved." It was very difficult to restrain him from trying to render assistance to this man. He was unable to comprehend the man's condition and felt strong compulsions to save him.

The patient was polite and well mannered throughout his psychosis. Even in his most confused states the influence of re-

finéd habits could plainly be seen in his courteous manner of asking for or refusing assistance.

In the third week after admission his confusion increased. He explained in detail the nature of the thoughts and hallucinations that distressed him. Various patients seemed to make signs to him, indicating that he must submit to them sexually, voices talked about his masturbation, a childhood oral erotic experience, and accused his mother and fiancée of being prostitutes. He cried, clenched his fists and, with intense affect, exclaimed: "I want to show them it is not so!" His medical record showed that he made many sexual references to these same subjects while on the border. *He would not fight back* at the fancied persuasions of the men and expressed confidence that they would be unable to hypnotize him, although, he said, the men were stronger sexually and more masculine than he was. Several times he fought, he said, in order to be killed. *His persecutions were not systematized, were not fixed upon any particular individual, and there was no hatred in his defense.* These facts encouraged us to give a good prognosis to his people.

He complained that everything in his life was coming back to him with a double meaning of sexual and immoral significance. He complained bitterly of this, and seemed to worry about the cause of it, but could not understand that it was due to his own uncontrollable emotions.

Voices (hallucinated) told him that his testicles were to be removed (castration) and he could not understand why "they" should speak of him as being Jesus Christ (biological crucifixion).

The crucifixion craving soon dominated everything, and he had to be isolated because he persisted in removing his clothing and being crucified. His stream of talk now became unintelligible. During his isolation he masturbated extremely frequently, assumed the coitus position on the floor, and, on one occasion, when I entered the room, he was manipulating his genitalia, and, with a confused, wondering facial expression, he pleaded timidly, "I can't please my father innocently." The setting was conclusive evidence as to its significance—namely, a crucifixion of his virility and a sexual submission to the father as a solution of the mother attachment.

"They," he believed, put poison into his medicine, and called him c. s., fairy, s. b., bastard, snake, woman, etc. He said he had

to go through a strange initiation of religious, secret significance, etc. He fulfilled this craving later by acting it out in detail.

His memory for remote events was surprisingly good during the more lucid intervals if he could be induced to answer questions, but recent events, however, were rather hazy and inaccurate. During the early part of the psychosis he did the mental tests fairly well and could repeat six numbers backward. The ethical questions were answered very well. He complained of retardation of thought until he talked a while. Then his thoughts came more rapidly.

From the fourth week to about the thirty-fifth week, except for a brief interval, his personality was markedly dissociated, and he seemed to be unable to prevent himself from submitting to the hallucinations. He muttered to himself constantly, and persisted in certain mannerisms. During the first few weeks he wept bitterly at his plight and considered himself to be disgraced but he later abandoned himself to the affective wave that swept the *ego* under. He complained that he could not understand why he was not ashamed when he talked about his masturbation, etc.

During the masturbation period he refused all food, vomited, complained of headaches, extreme weakness, and his condition became alarming because of the extreme emaciation. For two weeks he had to be tube-fed. Then he adopted a female nurse whom he usually insisted should feed (mother) him. Several weeks later he began to eat ravenously.

About the tenth week he became decidedly negativistic and assumed a catatonic attitude that endured more or less consistently until about the thirty-fifth week. During this catatonic period he used manneristic expressions and symbols, and entertained classical crucifixion fancies. He also informed the nurse that he had given birth to a child, and actually simulated labor pains. Then followed the birth of many children. When, during this apparently profound stupor, he protested that his nurse was killing his child, he spoke the nurse's correct name. He said his body was destroyed, bones broken, he died, was female and male in one, had all the thoughts of the world to care for, etc. He would be absolutely mute for several days, then become talkative and witty, masturbate, and then lapse into mutism again. This cycle was repeated so frequently that a neighboring, bed-ridden, alcoholic patient was able to describe it accurately. His dull stare, dilated

pupils, haggard face, small rapid pulse, emaciation, negativism and confusion indicated the degree of his stupor.

Without going into details of the numerous symbolic expressions, the record of the catatonic period may be abbreviated to make clear its affective value and how it led to the manner of adjustment. In the early part of the catatonic state his fiancée nursed him. He responded sufficiently for her to take him into the grounds for several hours daily, although he would say very little. Then his mother joined the party, began to fix his clothing and assert her motherly interests in his welfare. His response was a startling *regression*. His fiancée had succeeded in inducing him to leave his bed, shuffle about and look at things, but, when his mother insisted upon mothering him, he regressed to a nursing level. They were sitting on a bench when she persisted in fixing his clothing despite his motions and signs that she should not do so. He relaxed and slid from the seat to the floor, lying in a heap. The mother and fiancée had to be sent home and the patient became confined to bed in a catatonic, infantile affective state for several months longer. The reaction was an eloquent confession of his infantile dependence upon his mother and the disastrous influence it was having on his mental integrity.

Most of the patient's mannerisms were intelligible as gratifying the crucifixion craving. During the catatonic period he persisted in assuming a position which was very similar to the positions of Christ in the paintings of "The Entombment" by Raphael and Carracci and the sculptured "Pietà" by Michelangelo (see illustration). The most important features being the position of the crucified feet which he persisted in maintaining despite all efforts to make him walk. He believed that the scars on his feet had been made by the crucifixion. His attitude toward his mother and fiancée was in many respects like that of Christ toward his mother and Mary Magdalen. The dead Christ seemed to be acted out by his postures. Later, when he began his "reconstruction" under the nursing of his fiancée he spoke to her about "our" difficulties as though she were going through a purification process with him.

When he was bathed he insisted that he was not dirty and sinful and did not need it. At other times he protested that he should not be touched because he contaminated everyone. He usually looked at people with his left eye and kept the right eye closed or



Fig. 54.—“La Pietà,” by Michelangelo. The loving son of the too-devoted mother becomes the instinctive rival of the father. If he is unjust to wife and son, the son develops parricidal impulses. If he is unjust to the son and the mother is loyal to her husband, the son tends to become a wandering hero (hobo). If he is dominated by a severe, just father and pitied by a timid mother, he becomes crucified and sacrifices himself to his father’s glory and potency. He often “dies,” descends into the hell of invalidism and infantism, and is nursed and petted by the mother. Often before the sacrificial regression, he seeks a mother substitute in Magdalen, the prostitute, who having a reciprocal father attachment sympathizes with him and often marries him. (Compare Figs. 28, 29, 55.)

kept both closed. When alone for a considerable length of time he opened both eyes and looked about. He crossed his fifth fingers under the fourth or passed the thumbs between the second and third (see Fig. 6) and held up the right hand to the level of his face and supported the right elbow with the left hand, somewhat like statues of the Infant Christ. (His mother said that when he played football he used to keep his fifth fingers crossed under the fourth for luck.) When his tray was offered he refused to eat, but when it was taken from him he begged for it, saying he was hungry.

He resisted all efforts to attract his interest, talked very little, and with his eyes squinting, fingers crossed and arms flexed he shuffled about. His feet were almost useless. He talked about the Jew in himself—said “she is inside” and caused his masturbation.

About the ninth month of the catatonic period his fiancée returned to nurse him out of his condition. She was a charming little woman, imbued with a mother spirit and thoroughly convinced that her inspiration would induce him to take a new interest in life. I had been in close touch with the progress of the psychosis but was unable to win the patient’s confidence. Somewhere he had learned something about *transference*, and while in his catatonic moods he talked about it but complained that my personality was too strong and he felt hypnotized by my presence. This clearly indicated the vigor of the submissive homosexual interests and the value of the superimposed catatonic defense. He felt too unsafe to trust himself. With his fiancée the situation was very different. A heterosexual transference is eagerly sought by such patients, particularly if it can be refined.

Upon her first appearance he reacted with interest, and within a few days was out on the grounds for short walks. The patient began to speak of himself as being in a stage of “reconstruction” and maintained that “psychology only” could help him. Fortunately, his fiancée was splendidly open-minded and frankly interested in the affective development of the personality. She soon became a reliable medium through which I could influence the adjustment of the patient. That he was going to recover was manifested by his rapid gain in weight and his ability to talk about impersonal affairs. The critical problem was how to prevent him from repressing the memories of the psychotic episode. It was

vitally necessary to the future of his personal integrity that he should retain the memories of his psychosis as a part of his personal experience so that he would not lose sight of the wish-fulfillment in it. Only in this manner of qualifying the wishes with his other interests could sound emotional balance and judgment be expected to result.

His fiancée, upon my recommendation, read Hazelton's play, "The Yellow Jacket," and White's "Mechanisms of Character Formation." She grasped the mechanism of the family romance and realized her part in the psychotic fantasies. She seemed to



Fig. 55.—"The Resurrection or Rebirth," from a painting by Raphael and Perugino.

have no hatred, jealousy or prudery which might act as repressive factors upon the patient, and her splendid sense of humor stood her in good stead. It made the reconstruction decidedly easier. The patient resisted the reading of "The Yellow Jacket" for several days, but finally consented and became interested.

During the first few weeks he was like an infant learning the ways of life (rebirth). See Fig. 55 of the resurrecting Christ. He would not step on the lawn, cross the street, or go in unusual directions without asking permission of his escort. Numerous other little adjustments were noted by Miss A—, and both seemed

to delight in joking about his infantile manners. Gradually, and yet quite rapidly, he began to assert himself, and would often ask her if she noticed his progress. Soon tramps into the country, then trips into the city followed. Within several weeks after she began to nurse him they went to the bathing beach, theatres, etc. The patient's tendency to avoid things that pertained to his old affective status showed in his refusal to eat in a basement café. The *basement* cafe, being "low down," was still "immoral," although the hotel in which it was located, he said, was all right.

Even though the patient tramped and played with considerable zest, bought his clothing with good taste and entertained a guest in a downtown hotel for dinner, when he returned to his ward he quickly lapsed into his catatonic attitude, shuffling gait, peeping eye, and hand mannerisms. He was convinced that a hypnotic force on this particular ward overpowered him so soon as he stepped into it (conditioned autonomic affective reaction). *The suggestible nature of the catatonic state and autohypnotic trance surely have very similar mechanisms and contradict the presence of a toxin or cerebral lesion as a cause of catatonic dementia precox.*

This tendency disappeared entirely after he was transferred to another ward. He was proud of his readjustment, took firm hold of himself, and applied for occupation in the dairy. His devoted mother could restrain herself no longer and insisted upon returning to her son in order to take him home with her. The insight he had acquired into the debilitating influence of her mothering enabled him to grasp the critical nature of the situation, and he met it firmly. He wrote her a letter in which he emphasized that he was mastering himself and intended to become the head of the family, and that he did not wish her to visit him.

Nearly one year after his admission he was discharged as recovered. He had fair insight, but was inclined to use witty little defensive remarks about his case, and dodged an analytical review of his psychosis.

His pretty, little, self-confident mother-fiancée surely exerted a fine reconstruction influence over her charge. She was inclined to have "colds on her lungs" and coughed affectionately as she nursed and enticed him to exert a manly interest in life for her. The coughing had, I am sure, unconsciously for her, an inciting influence upon him to take a protective interest in her efforts. She

glowed with enthusiasm over her success. During the first few weeks he significantly referred to himself and his fiancée as being "in the dark" and that they were finding a way out.

Now the patient seems to be the master. The fondness of the mother (Mary) and the fiancée (Mary Magdalen) for one another and the son made the solution considerably easier than it could have been had the slightest rivalry existed.

The many strange fancies, such as the food passing out of the

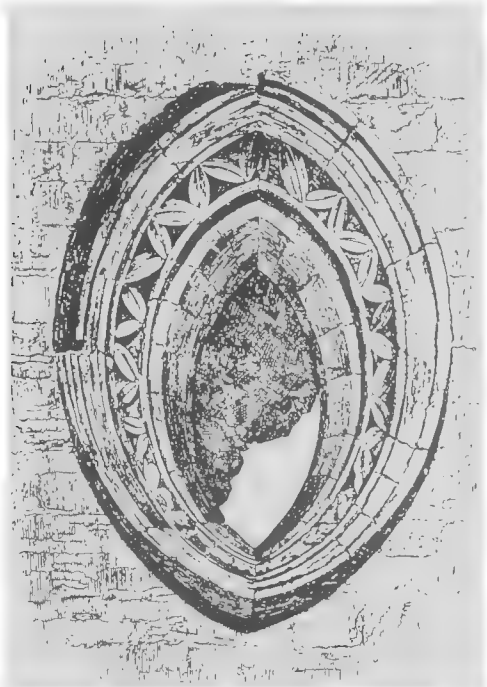
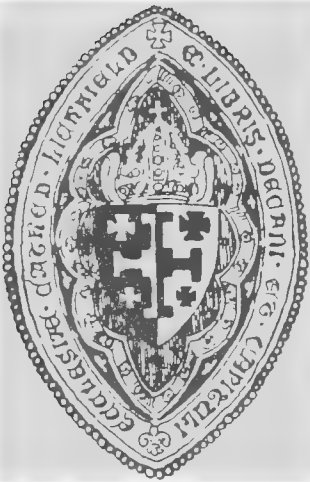


Fig. 56.—Seal of Lichfield Cathedral, Fig. 57.—Window of Dumblane Abbey, England. (From Ruskin's works.)

back of his neck, of his being closed in a tomb for months like an ancient Egyptian, of being deserted by his "ancestors," and that loud sounds of bells and knocks should be made for mysterious reasons whenever anyone touched him, etc., can not be included for want of space in the discussion of the case.

The crucifixion and submission "to please" the father, the dying, burial, resurrection or rebirth as a purification of the homosexual and incestuous fancies, the reconstruction and new adjustment to meet the obligations of life, were obviously made

to free himself from the abnormal affections which prevented him from loving his fiancée. The psychosis, as a means of affective readjustment in order to become able to love like a virile man, seems to have been necessitated in order that he might free himself from his mother-attachment, father-submission and secret autoeroticism.

The patient's inability to grasp the personal sources of the affective regression—the cause of the dissociation—and to analyze the various situations so as to appreciate the wish-fulfillment and his own responsibilities in the psychosis, are a very important defect in his adjustment. He had, however, fair insight into his affective make-up and the nature of his family romance.

The catatonic adaptation *as a defense* after he became unable to control the homosexual cravings to be crucified was obvious in this case. The rapidity with which he assumed the catatonic attitude when he felt that he was losing control of himself, or abandoned it when environmental conditions made him safe, gives further support to the instinctive nature and defensive value of the catatonic adjustment. During the catatonic attitude the erotic cravings were permitted freedom through fantasies, hallucinations and overt acts, and yet, the individual was fairly safe from bursting into a wild orgy of sexual perversions, although he could not prevent the masturbation. I have seen perverse outbursts occur in other catatonic cases.

The patient's mother, fortunately, had no repressions to maintain, nor feelings of having betrayed her son's welfare for herself, so she was very amenable to suggestion and cooperated with our wishes, yielding her own interests to the patient's welfare. Mothers who have selfishly appropriated a son's powers to further their own interests in life literally become hostile to any line of readjustment or any psychotherapeutic measure that recognizes their selfishness. They are not able to escape the feeling that they secretly wronged the son and yet very few are able to admit it frankly. The mother in this case had not consciously adopted her son for a lover as an adjustment to her social obligations; hence, she had no feeling of guilt to hide. She resigned her interests for the welfare of the patient's manhood, which surely made his readjustment and self-assertions much easier, and enabled him finally to marry his fiancée one year after the psychosis.

The fundamental principle of the "golden rule" of Chris-

tianity, "Whatsoever ye would that men should do to you, do ye even so to them," is the renunciation of *envy*, of hatred, and the sort of selfishness that tends to destroy or subjugate the other man's independence and resistance. The attitude of many parents, because they can not be comfortable unless they dominate their children, often forces the son or daughter to sacrifice his or her most intense yearnings in order that the anxious or selfish parent may be happy. The natural reaction when the affections are resisted is to overcome or remove the resistance. But the parent who takes advantage of the solemn religious impressive-



Fig. 58.—Drawing of a vulva, and its symbol, the doubly-pointed ellipse.

ness of parental authority disarms the son or daughter when the parent is really loved. The son, as in the preceding case, or the daughter, as in the following case, is forced to choose between two great affective cravings, which finally results in a crucifixion, or renunciation of the competitive vital craving unless a compromise can be established, as in Darwin's case. This is the biological significance of the crucifixion of Christ and becomes intelligible as a biological phenomenon when this ancient and catholic fantasy is compared to the emotional sacrifices of some of our catatonic patients reviving the potency of the dying god or father.

The anger in the following case had to be repressed when it produced a crisis. The renunciation of the anger and the submis-

sion to the parent played an interesting part in the crucifixion behavior.

The family situation in this case also illustrates the manner in which a personal difficulty in a parent influences the affective development of the children and possibly the grandchildren.

The mother of this patient (Case CD-2) married at eighteen. She became the second wife of a man of forty despite the objections of her parents and the marriage developed into a very unhappy mating. The patient's mother was obviously a girl of strong affective compulsions who could not be easily guided. After her daughter's psychosis, when it became necessary to study the nature of her influence upon her daughter, she said that if her father had definitely protested against her marriage she would have given the man up. But her father only objected to the inequality of their ages and pointed out the difficulties to be expected. (Obviously the daughter wanted the father to make stronger claims for her future than the father-image, the man she finally married.)

Two children grew up from this mating and both of them are decidedly subdued, dependent girls. They and their friends have often remarked that they never learned to think for themselves because their mother always thought for them.

The mother explained to me that her unhappiness, which resulted from her determination to solve her own problems when she was a girl, constantly influenced her to train her daughters to depend upon her for trivial as well as important decisions.

She assiduously, jealously, cultivated this dependence in them, in order that when they became young women, temptations would not induce them to act impulsively. She is an aggressive, energetic woman, large and vigorous, with quick wit and an unusual capacity to forge ahead even if it involves serious personal retractions on the part of her children. Her natural physical endowments supported her obsession to control her children in that she was large and strong.

Her husband was an irritable, rather violent, selfish man who did not hesitate to strike his daughters to satisfy his anger though the act was an injustice. This finally produced a very unhappy relationship between himself and his eldest daughter, the patient. She seems to have been forced into a persistently subdued, discontented attitude toward her father. The father finally left his family and lived alone in the West until his death.

The patient's development into womanhood was not impaired by diseases and her education was sufficient to meet her social demands. Her personality at maturity was, however, much too subdued and retracting. She had developed the fatal speech tendency of starting to say something and then automatically stopping, usually at the point where listeners show by the usual movements of the head and eyes that they have surmised what she wants to say. Almost invariably, she stopped as if expecting the listener to finish the thought. The development of this serious habit, which was fatal to making affective adjustments (considering speech as the preeminent method of affective expression) was easily traceable to the overly eager dominant mother, who, as her son-in-law had observed, had the habit of stealing her daughter's speech and finishing it for her.

At twenty-one, with her mother's approval, she married a rather tense, energetic, somewhat eccentric, but kindly man. The patient was unduly ignorant of the sexual life of woman and experienced no little anxiety until her mother sanctioned sexual relations by verifying the husband's claim that they were normal. The husband recognized the suppressive influence of the mother upon her daughter and tried to influence or train her to become more self-reliant and independent. The first eight years of their married life were happy and very satisfactory. About eighteen months before her psychosis her father died, a recluse in a far Western city. His death caused the young woman no little remorse, which she concealed. She felt that she might have made her father's life more comfortable had she been more forgiving of his abuses.

The patient's first two pregnancies caused no distress and the third pregnancy, which was welcome and occurred some time after her father's death, was in most respects, except for "dreadful dreams," a source of happiness. Her friends and relatives commented on her unusual "madonna-like" appearance during this pregnancy. The labor and convalescence were uneventful until a sudden affective upheaval occurred four weeks after the labor.

A few weeks before the labor the cook left unexpectedly and the patient's mother had to join the family and take charge of the house in the emergency. She managed the household according to her own methods, although on certain essentials of house-keeping the mother and daughter persistently disagreed. The pa-

tient's husband had always had a strong aversion for anything that savored of being infested with "germs" and required that the foods, particularly the milk, should be carefully handled. The mother felt that the germ phobias of the young couple were rather extreme and was inclined to say so. Similar differences of opinion were held about the best methods of controlling the children. The vigorous mother, who had always handled her daughter's affairs as if they were her own, could not refrain from exerting a constant pressure that gradually forced her convalescing daughter back into the old, submissive, dependent attitude. The submissiveness because of her convalescent state and the sense of obligation to the mother, for taking care of the house in the emergency, greatly weakened the daughter's resistance.

The climax came when the patient was unexpectedly called upon to resume her household duties, because her mother had become ill. The patient found most of the household disarranged and the irritation reached a point where it could no longer be restrained when, upon opening the ice-box, she found a piece of foul smelling meat that had been carelessly left there. The patient lost control of herself and a vigorous, angry upheaval followed. She was unable to adjust herself or to criticize her ill, well-meaning mother. The independence she had laboriously developed during the eight years of her marriage had been wrested from her by the sincere, but tactless, inconsiderate woman who would have only dependent, infantile daughters. (Compare Darwin and the sincere but domineering attitude of his father, and Case AN-3.)

The patient's excitement and inability to control herself frightened the household, and the husband and physician were sent for. Attempts were made to smooth things over, but, in order to avoid being rude to the mother, the situation could not be handled in the natural manner of letting the daughter win a personal triumph. The mother should have found some excuse for having to go on a journey in order to give the daughter a chance to make an affective adjustment and let things calm down. Unfortunately, however, an affective vicious circle had been established. The patient was too distracted to manage the house, and the mother, the cause of the distraction, now felt, characteristically, that she had to stay and retain control of it. This necessitated forcing herself upon the patient despite its inadvisability.

Nothing but unusual luck and insight could now have prevented the final break from occurring. The physician and family wanted a cook to take charge of the kitchen, and the mother wanted a nurse. They finally compromised by getting a nurse!

For several days the patient was very apprehensive of some terrible disaster occurring to herself which was due, as the symptoms showed later, to the repressed affect vigorously trying to make an adjustment. The last vestige of self-control was broken when her husband, who had been dozing on the patient's bed, awakened in fright at some sudden disturbance. The husband's startled manner of awakening frightened the patient and she became unable to control her apprehensions, which were already colored by vivid imaginations, such as being assaulted by German soldiers who had captured Washington. The next morning she was completely out of touch with reality and walked off her bed as if in a dream, falling heavily to the floor. At this time "she said something about being *bad*."

She was taken to a sanatorium on Easter Sunday, and after several weeks, was brought to St. Elizabeths Hospital. She clung desperately to her husband as if she were doomed to lose him and everything. She recalled during the analysis that while at the sanatorium she looked over some pictures of priests and thought of herself as being like one of the priests who was effeminate looking. (This bisexual interest should be compared to the bisexual interests of the previous case.)

Upon her admission, about two months after the onset, she was disoriented, poorly nourished, showed hyperactive reflexes, small pulse, rate about 100 per minute, facial and finger tremors, profuse sweating of the face; sometimes a Von Græfe's sign was present, thyroid was not enlarged, urine was not abnormal. She was disoriented and could not understand or adapt herself to the simple needs of the hospital situation. Because of her extremely disconnected and unintelligible, retarded phrases no intelligence tests could be made. There was no flight of ideas. Her behavior, however, was a clear revelation of what the uncontrollable affect was trying to accomplish.

She believed that she had *died*, but her husband would not let her go. (She clung to him when admitted. His affective attachment to her was genuine.) She carried her head in the position of the crucified, dying Christ on the cross; her facial expression

reminded one *decidedly* of the agony in Christ's face as depicted in many paintings of scenes before the crucifixion, and her eyes were uplifted in religious fervor. She would stand in one position for hours in the dormitory and move her head from left to right and back again with inexhaustible monotony. While in bed, during this stage, she was observed to lie with her head fallen back on the edge of the bed, her arms dropped in some loose position about the head and her pelvis going through the gyrations of copulation. The nurse reported that when she dressed herself after the physical examination she tucked her skirts inside of her drawers like a boy. (Again the bisexual.)

The baths were interpreted as mysterious sexual practices performed by the nurses and she was always frightened by the ordeal. One of the physicians was thought to be the Virgin Mary, "God" talked to her, and she believed that she was in "heaven." She persisted in having her hair hang loose (a surprisingly common pleasure of heavenly brides). She never talked except when asked questions and then answered in broken phrases that could not be connected with anything in the environment, as: "The voice said that it mustn't. It said it musn't talk all the time—that was God's voice. He told me to try to make some excuse. He said I must try one way or another. He said I must not untie everything." She said something frequently about drinking water, and frequently washed and examined her hands. She spoke of herself as "she" and said she had been "quite naughty"—"I didn't do all—I didn't try to take away all the paints that were on me, etc."

When taken out on the porch she would let herself collapse on the floor as if utterly helpless. When asked how old she was, she answered: "I am two hours," and when asked for the year, she gave the year of her birth.

She showed numerous infantile traits, such as pitch of voice, manner of replying, would not attend to her excretions and had to be spoon-fed. After the crucifixion she became mute and passive for several weeks, during which time she was disoriented but recognized her relatives. About three months after the onset she began to improve, her mannerisms disappeared, and she gained considerably in weight. She was glad to see her mother and husband, and begged to be taken home. The process of reorientation and reconstruction progressed gradually.

About six months after the onset she was able to take care of herself and her room and knit for the soldiers.

The patient was now well oriented and recovering rapidly, so that it was deemed advisable to begin an analytical study of her difficulties in order that she should have a reasonable amount of insight. She had no difficulty in recalling the important features of her illness which were essentially relative to the crucifixion, death of her personality and the rebirth. At first she was inclined to excuse herself on the ground that she had been exhausted by child-bearing and had not regained sufficient strength to resume her household duties. She remembered the essential details of her illness, the hallucinations and her fancies, but was inclined to evade them in order to be discharged until she recognized the therapeutic object of an analytical review of the content of the psychosis.

The father and mother situation had to be handled tactfully until she had brought out the details of her psychosis and her life.

The father appeared (hallucinated) in the disguise of elderly women. She said, that when he appeared in the reception room, "He or she said [laughs], 'It was up to me to make him happy.' He said: 'I hope you can do it, son Harry' and 'Welcome, son Harry.' " In the dormitory, "He, she or It [laughs] was taken out of the room and she looked at me and said: 'You will be sorry some day.' This puzzled me to know what I should do to restore happiness. When I determined to stick it out and *bear what I had to bear*, the Lord's voice said: 'Well done, thou faithful servant.' " She spontaneously identified the Lord's voice as her father's. (This sort of resignation to the dissociated affect is typical of the catatonic.)

The sin that she felt she should suffer for she insisted was the feeling that she had wronged her father by not trying to make his life happy even though he had abused her. The general attitude of the patient was such that when she said the sins did not refer to masturbation, the point was dropped.

That her father should call her Harry, was due to the fact that this was her nickname with some playmates when she was a child.

That her father should be associated with women and be spoken of as "he, she or it" was probably due to the fact that she not only craved to be crucified for her father's sake, but also for her dominating mother's. The mother's attitude was so

subtly ingratiating and yet domineering, that she would almost have had to be destroyed as a mother if the patient were to free herself from its terrible influence and win her own womanhood and personal independence.

It was this protest, which had always been curtailed because she could not control its expression, that finally burst forth when she found the decaying meat in the ice-box and was again subdued through the anxious mother's, the husband's and the physician's pleas for self-control in order to avoid illness.

The various sensory disturbances that gave elaborate color to the crucifixion need not be discussed, because the submissive value of the crucifixion solution of the affective dilemma is clear enough. It saved the ideal family as she wished the parents to have it, and her personal integrity was crucified for the selfish wishes of her parents.

Why should this patient have become masculine ("son Harry") during her stuporous state? Christ and the young priest had marked effeminate traits, as do many crucified heroes; and males who go through the crucifixion, complain of becoming effeminate and even of losing all masculine attributes. The renunciation of all competitive sexual interests in order that the rival parent shall dominate, may perhaps be compensated for by the development of a complete sexual cycle within the self. The female, developing masculine traits, and the male, developing feminine traits, are protected, like Buddha, from the more virile members of their sex who would dominate them. This conjecture is based upon observations of the completely autoerotic who are physically of one sex and fancifully develop the attributes of the other sex, thereby perfecting the autoerotic cycle. Some of our autoerotic patients complain of being male at one time and female at others.

A series of analytical studies were necessary before the patient was able to talk over the father situation without losing control of herself. (When a patient tends to lose control of herself while discussing a painful relationship or experience, she must, by all means, be left to her own adjustment.) When she was discharged this situation had not been satisfactorily mastered, but it had to be foregone because of the pressure to get her home.

The attitude of the mother and husband was surprising, in that they both spontaneously and independently asked for advice because they felt that they had domineered the patient's emotional

adjustments. It was easy to trace the mother's desire to control the daughter's personality to her own disastrous marriage. The illumination caused no little sorrow, but it was very helpful in furthering a readjustment on her part so as to encourage her daughter's independence. Not too much can be expected from people who have a lifelong established attitude toward another individual. Nothing short of a severe affective reaction can force a readjustment that will make the situation comfortable for the suppressed. The necessity of permitting the patient the joys of exercising her own judgment was vigorously presented to the husband and mother. Experience has taught that only with very intelligent, unselfish people can new relations be permanently adjusted without suspending all contact with one another.

The patient returned to her home with sufficient insight to insist that her family must submit to some of her interests and that she was going "to run the ranch." She was not tense in this request and quite good humored about it. Her mother and husband were very glad to make the adjustment. The prognosis depends largely upon the length of time that this arrangement can be maintained. The patient said that upon her marriage she resolved to raise her children so that they would not be suppressed and dependent upon her. A tendency gradually to go to the other extreme of not controlling the children sufficiently must be intelligently guarded against in such cases.

It may be added that the patient's younger sister now engaged, is struggling to overcome or avoid the domination of her ingenious mother. Fortunately, the mother has learned to consider the efforts of the unmarried daughter in a fairly impartial light and is trying to force herself to be less domineering, but she finds that it causes her no little anxiety when the daughter seems about to make even a trivial mistake.

It is valuable to note that the revered, respected memory of a domineering individual may exert a suppressive influence during the psychosis although that individual is no longer in the environment and may even be dead, as in the case of the above patient's father.

The following case (CD-3) of catatonic adaptation to an irrepressible erotic craving also shows how the erotic affect produced hallucinations of what it craved and how the hallucinations terrified the patient.

The patient's maternal grandmother had some form of chorea ("St. Vitus' dance") and was considered to be a very irritable woman. The patient's mother was married at seventeen to an artisan. The marriage was unhappy because, as the patient thought, her mother had a refined, artistic temperament and her father, who was considerably older, was rough, slow and "not finely tempered." Her mother had a series of "uterine abscesses" after the birth of her children and finally developed "arthritis deformans." Even during her youth, the patient felt that sexual relations, although she had an ill-defined notion of what they were like, were the cause of her mother's unhappiness and illness. The mother surely had insurmountable difficulties with her sexual affections, because, when her daughter was twenty she had not yet learned to realize that the menstrual functions were normal. The mother was never able to answer the sexual questions of her children, but met them with reactions of embarrassment and discomfort. (Such reactions on the part of the parents usually distort the child's control of the sexual cravings.)

This ascetic tendency seems to have been a family trait, because the patient's cousin left her husband within a few days after her marriage, and the patient's sister and mother both suffered severely from anxiety because of the sexual experiences attending marriage. The patient's sister was even afraid that she might become pregnant when dancing with a man, and the patient herself would not learn to dance because she believed the man's touch during the dance might impregnate her. One can easily imagine the eccentric effects upon a girl's adjustments to society and love-making that such conceptions might cause.

The patient, the last child, was healthy, vigorous and of a merry disposition until she became a woman. Her mother liked to call her "the lucky child," because she was born in an easy labor. She won a scholarship in a normal school, taught for several years and at thirty-one was appointed to a social worker's organization because of her unusual textbook information on social subjects, acquired after long, intensive study. As a practical social worker she did very well until her psychosis began to develop. Her physical constitution, except for menstrual difficulties which developed after twenty, was very good.

During all the patient's girlhood she was the prey of her mother's tales of woe and reacted with resolutions to give her

mother some comfort when she should become able to earn a livelihood. The daughter's womanhood was usurped by the mother's invalidism. The patient was inclined to be overly ambitious, and made exacting demands upon herself as a student and social worker. She always showed impatience toward her "slow" father and tended to compensate for his deficiencies, as well as to protest against his causing her mother to suffer. She did not like the rich relatives of her mother, but, on the other hand, prided herself on her intellectual capacities (a compensation).

The nature of the mother's moodiness and irritability necessitated her removal to a sanitarium for years at a time, and this completely drained the family's finances and the patient's earnings.

When the patient was about twenty she taught young children and then began to realize that some of her pupils knew more about the sexual life of woman than she did, and, as she expressed herself after her psychosis, she resigned because of this and took up other work. At twenty, she first realized that menstruation, etc., was not an indication of a shameful defect in womanhood. (Her mother's depressing, prudish attitude had given her this impression.)

At twenty-three she became engaged to a man several years older than herself, but was never quite able to make up her mind to marry. For the next ten years she was neither able to break the engagement nor fulfill its obligations. The principal causes of fear of marriage were sexual ignorance and her mother's, sister's and cousin's unhappy experiences. She planned her house and furniture which was strikingly like her mother's, but was unable to consummate the final act.

In her studies for social service (at twenty-eight) she came upon literature that partly explained the sexual life of man and woman and the diseases peculiar to sex. Here, according to her statements, the discussion of the clitoris and masturbation aroused her excitement and curiosity, *which she kept secret*. This led to sexual experiments and masturbation episodes preceding her menstruation, and it finally grew into a very serious autoerotic difficulty.

At thirty-one she entered the social service. Her work was characterized by periods of efficiency with periods of irritability, headaches, dysmenorrhea, psychoneurotic disturbances and slug-

gish thinking. For two years her friends and relatives recognized her growing irritability and seclusiveness, but saw nothing in her behavior that indicated to them an undue change of personality.

The secret autoerotic indulgences were no doubt considerably augmented by the fancies and amorous pleasures with her fiancé, which had naturally grown out of a ten years' engagement.

By thirty-three, the autoerotic trend developed into serious proportions and symptoms of its undermining the integrity of her personality began to show in the form of chronic, neurotic disturbances. Her "hands broke out in red spots, swelled and became so painful" that she had to consult her physician. He failed to recognize the affective, autonomic significance of this and sent her to a skin specialist who also failed to grasp the patient's difficulty, but gave her an ointment, diagnosed it as a "case of nerves" and "handled the case very lightly." "Two or three days" later she "began to feel weak" and stopped at a certain sanatorium for hydriatric and massage treatments. She "fainted" while in the bath, and this "alarmed" her because, as she said, "I had always said that when I fainted it meant a serious sick spell." From that time, she later said, she felt a "clutching in the back of the head." (A very common symptom attending affective conflicts in which *fear* plays a part. Perhaps it is due to a spasm of the muscles of the scalp and the posterior spinal occipital muscles which naturally become tense when a defense becomes imminent, as may be easily observed in dogs and cats.) She said of the onset of the psychosis: "One day in the office a sharp pain like the prick of a pin struck me on the left side of the back of the head and came out of the right eye. I at once thought of cerebral hemorrhage (brother had a cerebral hemorrhage) and started for Miss—. I became delirious, and after rambling for over an hour, came to and heard Miss— saying 'You're sick.' I insisted that I was not ill, but allowed Miss— to persuade me to go home. The next morning I felt as though I were tied down to my bed. After several efforts I decided to go to the sanatorium for a treatment. I told Dr.— about the clutching in the head, and she advised me to spend several weeks at the sanatorium. I did so, and after three weeks decided to go home. I was at home but a day when my brain seemed to stop working; the clutching had stopped but I could not think. I managed to write a short letter to Mr.— [fiancé] telling him that I believed I was about to have a spell

of typhoid fever, and requested him to take charge of my business affairs. The next morning I attempted to write a check, but could not complete the last word—"association." "

(She had, during a ten years' engagement, been unable to say the last word consenting to marriage and the sexual act. Throughout her psychosis she repeatedly hunted for something that she said would complete her life. She would never complete a puzzle or game, she said, because there was something incomplete in her life. Later she decided that this was fear of heterosexual relations.)

She returned to the sanatorium for "treatment" and had a "terrible screaming spell." "*I had a loose bracelet on the arm and it seemed to become so tight that I was afraid I was being choked although it was on my arm.*" [The reader will bear in mind the arm and its relation to masturbation, and the tight bracelet, choking, and oral eroticism, because much of the content of the psychosis was later colored with oral impregnation fantasies, which, of course, had their origin in infantile and preadolescent cravings.]

"That evening a message ran up my spine and into the back of my head. It said something like, 'You are going to become violently insane by tomorrow morning. You will require the services of several nurses and the best care, for you will be very ill. If you go to the T—Sanatorium (her mother had been there seven years) at once, where it is quiet and you will have the best of nursing, you will recover, but not until every effort is made to keep life in your body.'" [This wish-fulfilling "message," portending unbridled abandonment to the erotic affect with final purification, was probably retrospectively elaborated, but in a general sense it tells the truth about the undercurrent affective cravings which now were allowed to dominate and sweep her into a grave psychosis of the catatonic, dissociation type.]

"At 5 o'clock [a.m.] I was screaming to get out of the place, thought I could not bend my knees, that I had arthritis. *I had often wondered if I would get the disease my mother had.*" This excitement, as is usual in such cases, was ushered in by religious ecstasy and then came the lapse into "unconsciousness." (The patient often referred to herself as being "unconscious," but afterwards said she really meant a "helpless dream state.")

Unfortunately, the patient now actually developed measles,

and the skin rash convinced her that she had syphilis (her brother's disease). She was now in an affective state that tended to assimilate everything that was destructive to the personality. Her only brother had had cerebral syphilis and committed suicide several years after he had what was probably a cerebral hemorrhage (at twenty-six). The erotic affect apparently was interested in the experience that was naturally associated with syphilis.

Within a few days the affective storm reached the proportions of a "delirium" and an unbridled orgy of masturbation followed. Vivid sensory disturbances of the hallucinatory type gave plenty of color to the situation. She destroyed the brown hot-water bottles because they were "nigger babies" and cherished the white hot-water bottle as her infant, and had "babies, babies, babies, twins and triplets." "I masturbated most vigorously and when I cleaned my death (her error for teeth) I rubbed the necks of the teeth hard and long and then screamed with pain." (This is an interesting association of masturbation with teeth.)

The erotic flights were usually followed by several days of remorse and then repeated. "I could hear everything that went on and imitated these patients in their vile habits. I knew I was doing it but could not stop."

During the analysis, a year later, she retrospectively described her fancies about the red light in the hall, the male patients, the red-light district, and that she had become a white slave who had to submit to long lines of men. These autoerotic hallucinations were vivid enough to cause her to attempt to jump from the window. (She later recognized their erotic source to be within herself.)

During the period of fancies, the fiancé and father also were believed to take possession of her. She had to submit to many forms of sexual equivalents, including electricity, knives, razors, drugs, injections, poisoned foods, etc. During the less erotic intervals she realized what her behavior had been and a serious tendency developed to mutilate herself, even destroy herself in order to destroy the masturbation "devil" (castration).

After a period of several months (about six) she regained some control of herself and was permitted to return home, upon her persistent begging. She was finally permitted to return to work, but, after a day or so of trying, she found that she was unable to think about her work. Some wild attempts at suicide with

self-accusations of degeneracy followed. She was then sent to the Phipps Psychiatric Clinic where she was treated for about ten weeks and then transferred to St. Elizabeths Hospital, where she remained about nine months, when she was discharged as recovered.

Her behavior during these eleven months and her final re-adjustment throws considerable light on the mechanism of the autoerotic-catatonic forms of dissociation of the personality. Until the latter part of her psychosis, the reconstructive period, she was not truly accessible and cooperative. Although she would talk about herself, more or less, she was unable to consider the nature of the intense struggle she was having with her autoerotic cravings. Therefore, the physicians were unable to bring the genetic determinants of the autoerotic interests to the surface.

(I am indebted to Prof. Adolph Meyer and Dr. R. W. Hall for the summary of her behavior while she was under their care in the Phipps Psychiatric Clinic. The following is an abstract of the summary.)

Upon her admission the patient had to be "coaxed" to enter the hospital. She was rather tense and nervous, and spoke of herself as eating and sleeping and living "like an animal." She complained of a clutching sensation in her brain, that she desired to expose herself, was vulgar, etc. She talked considerably about her personal difficulties, but in a fixed, stereotyped manner, and persisted in asking to be discharged. She seemed to be sad and depressed, was poorly nourished; picked her face and chewed her nails, refused food because it represented the blood of her relatives; and complained of being hypnotized and unable to pull herself together and to think clearly. "I must have simple food without seasoning; the season heats my blood and the heated blood melts my brain." The electric switches and signals affected her; her flesh was being dried up and her body was being destroyed. (Before her admission she complained of having become so degraded as to eat the dirt in the streets.) On the wards she persisted in washing the floors, walls, etc., and would eat the scraps from the other patient's trays.

She complained of having lost all self-control, and wanted to be chained to the bed to regain it. Her talk contained a note of no little prognostic importance, in her tendency to repeat that she could regain it with the proper treatment. "I can never get up.

I am bound down by sin," was a complaint made during a time of erotic abandonment. She begged to be given something that would make her "vomit" and "tear me to shreds." She complained that her hands and mouth were dirty and that she was dirty inside.

This behavior varied more or less with manneristic postures, tense attitudes and considerable expression of fear and then a return for several hours to the ward interests and light work. She seemed to be well oriented, despite her hallucinatory experiences and distractions. During the last few days of her stay at the Phipps Clinic she maintained a stooping posture because "someone is holding me down." She also retained saliva in her mouth and refused to respond to simple requests.

For several days after her admission to St. Elizabeths Hospital her behavior continued about the same. She resumed her head-knee posture, continued mute, retained saliva, and showed decided *flexibilitas cerea*. At times, with persistent urging, she could be persuaded to dress herself. (Her analytic retrospective discussion of this period, which is probably quite accurate, because her memories of her behavior were accurate enough, showed that she was still imitating her mother's illness, arthritis deformans, as well as assimilating everything of a degenerative sort in her environment, but nothing constructive.) Elaborate, vivid sensory disturbances of the hallucinatory type contributed greatly to her confusion.

During her panic she developed the fancy that the physician was experimenting on her with injections of semen which, to her, accounted for the cessation of menstruation.

She complained to me that she could not hold the "sticky" fluid (saliva) in her mouth, as if she believed it was necessary. In her retrospective analysis she brought out many fancies that she had about foods, such as custards, and yellow colors that "disgusted" her. The custard she identified with semen and like the "sticky" saliva, it throws considerable light on the tendency to hold saliva in the mouth as part of the impregnation fancy. Her knowledge of semen she said, had been gathered through reading. (Saliva, nasal secretions, pus, greases and soaps are not uncommonly identified by patients as being semen.)

During this impregnation stage the patient's behavior was more or less consistent in her unshakable tendency to pursue her own course. This condition lasted about four months. Most of

the time she was confined to bed and tube-fed. She resisted every attention, kept her eyes closed, lips protruded and pressed together, and retained large quantities of saliva. She was unclean, thin, haggard, ugly, and seemed to be in more or less of a stupor. This, however, was not a true stupor, since she was later able to remember most of her experiences during this stage. (Later, during the retrospective analysis, she explained the meaning of some of her postures. The reason for holding her hands above her head and digging her fingers into her palms was to keep from masturbating. (See Fig. 46, Rodin's "Centauress.") *During this period she realized that she was deriving sexual pleasure from her fancies and hallucinations.* She yielded to this form of mental masturbation with the justification that she was "experimenting," but later realized that she was unable to control herself. These fancies were probably in the form, as she expressed it, of acting out "every character" that she had ever read of.

We felt we fully appreciated the erotic significance of her catatonic dilemma and that the vigor of the autoerotic cravings made it impossible for her to relinquish her bizarre adaptation to control them. During one of her "stuporous states" in which she had not talked for several weeks and had to be confined to bed because of her extreme emaciation, rapid pulse, general weakness and confusion, I asked her if she was enjoying her fancies. A distinct wincing of the facial muscles revealed her surprise that anyone should understand her, and, when the ward physician came in, this "stuporous" patient got out of bed and insisted upon having her clothing. She said she could stay here no longer and "must go home."

The treatment was essentially of a threefold nature. The hydiatric and dietary treatment to build up her exhausted physical condition, and a preconceived plan of helping her to realize that her personal difficulties were understood, but were not censured, and that they were to be overcome because other interests in life were more attractive and important to humanity. According to the patient's behavior and her expressions of gratitude later, this last step in the reconstruction started with a *transference* to Dr. Anita Wilson, which was followed by efforts to win her approbation. Before discussing the reconstruction, in order to bring out the value of the psychosis to the patient as a gratification of the erotic affect it should be given some further description. So long as the

imitative tendencies continued she was the play-object of several patients who had sadistic trends that dovetailed with her masochistic cravings. She wanted to eat dirt, and one of the patients had to be watched to be prevented from feeding her cockroaches, flies, etc. Despite supervision she gulped down prunes, seeds, great quantities of food, etc., like an automaton. She stole keys, buttons, light switches, steam valves from the radiators, and smeared herself with black grease to keep the electricity out of her body. At other times she sought the electricity. Her bones were broken, eyes destroyed, flesh burned, and she believed that she died, lived among her dead relatives (misidentifying patients as such), and endured the torments of hell (intrauterine regression). The details of these hallucinatory and fanciful experiences would fill a volume. She was finally reborn after due purification. The reconstruction of the new life became manifested rather suddenly, and she progressed up to the point of being able to work, then something occurred that discouraged her and she again regressed to a state of helplessness. After a few weeks she reacted again and improved up to a certain point. She now began to write the story of her life for me, but the sentences were poorly associated. She talked most about having had brain syphilis and that she was recovering from it. My first intimation of her transference to me came with her reaction to a rather simple but firm expression of belief that she never had syphilis. She rather joyously abandoned the notion of syphilis, I thought, in order to believe what I believed, and felt encouraged because now she could get "absolutely well," as she expressed it. She attributed the onset of the recovery (fifteen months after the first visit to the sanatorium) as being due to the resumption of menstrual function, which, of course, must be, in turn, attributed to the benefits of hygienic treatment and the disappearance of *anxiety* through weaning her from her autoerotic interests.

The review of her psychosis and her emotional problems progressed rapidly, but it was nearly two months before she was able to speak the word "masturbation." Her defense for her illness shifted from brain syphilis to exhaustion from overwork, mother's sufferings, etc. Finally, however, we were able to deal quite frankly with the autoerotic cravings and she recognized that the compulsive feeling that she "must work" was a form of fighting her *fear* that she might lose control of herself and relapse again.

For some time she complained of cramping pains in the right arm, but these disappeared as the autoerotic trend waned. The selfish pleasures of autoeroticism were pretty vigorously dealt with, and she responded with more enthusiastic and generous feelings toward the interests of humanity. It must be emphasized here that her fiancé's attitude gave her considerable encouragement. He felt himself to be obligated to her, and would consider no other adjustment than marriage. His reasons for this feeling of duty were not investigated. We emphasized, however, that her fitness to marry depended entirely upon the nature of her recovery and insight.

The analysis did not succeed in completely bringing out the value of the infantile gratifications in the psychosis. She summed it up pretty well, however, in the analysis of the dream that preceded the onset of the autoerotic orgy, namely, of climbing a haystack, and then sinking "down, down, down, and coming out on the left side," meaning that she considered it to presage a moral fall because of inability to control herself. During her illness she thought her disease affected the right side. She would not accept things from the right side, she said, but this was not altogether true. She said her illness benefited her greatly, and now she could begin life all over again. "My case was like a prolonged nightmare."

The patient's recovery was, on the whole, rapid and uneventful except for several periods of mild anxiety that arose when unpleasant situations threatened to stop the psychoanalysis. These situations, which perhaps would have caused a patient in private practice to discharge her physician, were, however, readjusted when she was given an opportunity to express her resentment to the significance of her affective relationship to the father and mother. This caused such vigorous resistance, which was unfortunately supported by an unsophisticated confidant, that the analysis had to stop there. The conditioning of the wish to become ill like her mother was never brought to the surface. (She believed the mother's illness was due to the father's sexual inconsiderateness, and during the first part of the psychosis she hallucinated herself in possession of the father. This, however, could not be analyzed.)

The patient gained rapidly in weight, strength and mental

efficiency, and was discharged as recovered twenty-one months after the onset of the illness.

Within a few months she returned to work and has since been doing unusually well as a social worker. One year after her discharge she was married, and several months later again resumed her social work. She now feels satisfied with her marriage, but has had no children as yet, because she feels the interval of recovery has not been long enough (two years).

This case is so transparent that it needs little discussion. She was trained by a mother, who had herself been trained to suppress her sexual emotions, to be fearful and ashamed of her sexual functions. The resistance was so vigorous that she could not love or marry, and when the erotic pressure excited by fancies and courtship, finally dominated, it was diverted to autoerotic fancies instead of heterosexual realities. A grave dissociation of the personality with destructive erotic abandonment finally resulted. The affective readjustment required, in order to be healthy, insight and the practice of affective gratification characteristic of normal, happy people.

This patient might have made a social recovery without psychoanalytic treatment, but it is certain that she would have so adjusted as to be eccentric, tense and sensitive about her autoerotic inferiority, which would have always exerted a serious pressure upon her.

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*It seems that a psychosis depends largely for its periodicity or continuity upon the nature of the affective pressure that the individual is trying to control.* The chronic type of psychosis is naturally associated with a chronic affective pressure which forces the individual into a sustained eccentric, asocial position, whereas the periodic type is associated with periodic exacerbations that may subside and be very well adjusted.

The following case (CD-4) shows that crucifixion psychoses, also, may vary in their activity as the erotic pressure varies.

The psychosis of CD-4 was characterized by two years of intensive striving in order to establish his biological potency; marked by periodic exacerbations of homosexual panic, serious dissociation of the personality, with hallucinatory disturbances of all sensory fields, no insight, and a tendency to make a grand re-

ligious compensation for social uplift. He was constantly inventing machinery and eccentric devices, with some success, "to conserve energy." This, it will be seen, was clearly a desperate compensation for seminal wastage.

The family history revealed no neuropathic or psychopathic traits. His mother died when he was three weeks old. At birth he was considered to be a "weakling and not expected to live." He never had a wet nurse. He had none of the serious diseases of childhood, and no gonorrhea or syphilis. Upon admission his blood test was negative for syphilis.

He did not learn to walk until he was three years old, but, otherwise, his mental development and education showed no retardation. Because of an unusual interest in machinery he succeeded, after six years of assiduous self-training and apprenticeship, in securing (at twenty-four) the rating of a first-class machinist. He derived unusual pleasure from improving machinery, and, in several instances, made successful inventions, which are now used by the Navy.

His sexual career was characterized by addiction to secret masturbation from the years of nine to twenty. As usual because of secret autoeroticism he was unable satisfactorily to transfer his affections, although he made anxious, "helpless" efforts to do so. When twenty, his father tardily warned him about the dangers of masturbation, and, as a criticism, praised the physical fitness of the Zulus, who, he said, abstained from all sexual relations until they reached the age of twenty-five. This deeply impressed the patient and, during his psychosis, he tried to develop the physical standard admired by his father. At twenty-one, he married a girl of his age despite the protests of her father. They had five children. The first was still-born, the second died of "marasmus" at five, the third died at four months from "intestinal trouble." The other two children are living. The weakness of the three dead offspring confirmed the patient's notion of being a physically inferior man.

During the first year of his marriage, he practiced sexual intercourse almost every night, usually resulting in ejaculatio præcox. He attributed his inability to perform coitus adequately to his weakness at birth and his former masturbation. Apparently, he had no insight into the requirements of sexual hygiene and self-control.

The sexual relations were unsatisfactory to his wife as well as damaging to his self-confidence, and caused them no little disappointment in one another.

While stationed away from his family, he became very erotic and indulged in promiscuous sexual relations with white and colored prostitutes, including instances of fellatio on the part of his sexual object.

The patient was holding a responsible position as machinist in a United States port at thirty-eight, the time of the onset of his psychosis. His family was comfortably provided for and his position assured. He was, however, intensely interested in social-sexual reforms, and devoted much of his time to teaching a Sunday-school class. He worked out an endless chain plan for buying churches, and planned several civic reform movements, and an ambitious 4th of July celebration.

His wife noticed that for some time previous to this celebration he had tended to be extravagant with his money. He slept only a few hours at night, and was "constantly on the go." He tried to induce the entertainment committee to invite the President to the 4th of July celebration, and became so enthused over the prospect, that he had to be restrained because he made wildly enthusiastic speeches on the streets.

The onset of the psychosis was characterized by gradually increasing insomnia, constant activity, poor appetite, and uncontrollable "inspiration." He would write speeches and articles for publication throughout the night, and his wife, he said, was unable to induce him to stop these "abnormal mental practices."

His associates and superior officers felt that the patient was egotistical, and was flagrantly trying to aggrandize himself. "He was very talkative, claimed to be an unusual genius in art, to have musical talents, to be a social reformer, an inventor of marine machinery, and to know a great deal about medicine and everything else." At times he maintained an attitude of affected reserve, was irritable, and inclined to outbreaks of anger. He believed his mind "was keener than it had ever been before." He was obsessed with the desire to talk about the fall of Adam and Eve because of their sex relations "for lustful purposes." These talks were irrepressible, and to men and women, in fact, to anyone who listened, he said: "We want to be Christians, we want to understand the Bible in the beginning or we won't understand the

rest correctly." The original sin, he said, was sexual intercourse for pleasure. Sexual intercourse should be for the idea of conceiving a child. He advised the nurses frequently: "If you want to really know if the man is truly in love, look him in the eye, ask him if he really wants to do that to have a child by you, and, if he does, it is love, and, if he does not, it is lust." (His sexual excesses for which this was a compensation should be kept in mind.)

Sexual intercourse for lust, he said, was the cause of the fall of Adam and Eve, and he believed, during the early period of his psychosis, that this was the trouble with humanity and he himself must correct it. (Two years later, when he discussed this subject, he said: "Now, I think it was not that, but it was sex perversion. The 24th and 25th verse of the 2d chapter and 1st verse of the 4th chapter seem to confirm the idea that it was not sexual intercourse but sexual conversion, I mean sexual perversion that caused the downfall of man.")

Upon his admission to St. Elizabeths Hospital he was in good physical condition, well developed, very strong and active. He had good features and appeared to be more intelligent than the average, enlisted seaman. His memory for most details was remarkably accurate. He was well oriented despite his excitement and the frequent hallucinatory vividness of the sensory disturbances of all his major receptor fields. He felt *compelled* to do many odd things, some of which will be described later, and complained bitterly because he was unable to keep from lying. When he improved, one of his triumphs was the ability to tell the truth again.

He expressed himself as being decidedly happy and optimistic, and acted accordingly; but, at times, he wept bitterly and complained of being depressed. He insisted that nothing worried him, which is quite typical of the so-called manic type, and yet he tried desperately to obtain freedom and exercise in order to save himself from "moral degeneration," about which he was very anxious, even though he maintained that "nothing" worried him.

Insight was lacking in the sense that he never, even when discharged, would consider that he had been insane. His "nervous system was run down" and, as he said: "I realize I need rest and quiet," was about the extent to which he would consider his difficulties. His powers were concentrated upon the sole object of establishing his *biological fitness and self-control at any price of*

*reality*. Because his "memory was even a little keener than ever before," he made the not uncommon contention that he could not be insane. He performed the intelligence tests fairly well.

Throughout the first few months of his stay in the hospital, he denied his hallucinatory experiences and was not frank. He refused to eat and wanted to fast, but would not explain its significance (religious). For several months, he incessantly tried to convert patients to accept his religious views, because he believed that sexual perversions had caused the downfall of Man. He believed he was inspired by Christ and twice cultivated a beard like Christ's, walked about with eyes uplifted in a soulful manner, tried to heal the sick, and save the damned. The remark of a woman visitor that he looked like Christ, elated him. He said, "In my efforts to lead you and others back to Christ, I have taken him into my life so much that if I grew a beard and proclaimed myself as the Christ that is expected, it would be believed by many, especially after my beard had grown out. A woman told someone that I looked like Christ, and, besides, by taking him into my life, I have acquired some of his qualities." (See the photograph of another patient who simulated Christ, Fig. 59).

The patient expended tremendous energies in writing. He was almost indefatigable in the exposition of his version of the biblical story of Adam and Eve. He made lavish claims of being an inventor (creator) of battleships, guns, machinery, and, in fact, anything that struck his fancy. He wanted to patent several of his inventions and would willingly have spent all his income to further these fancies. Strikingly enough, but as is characteristic of the impotent and almost pathognomonic, his inventions were always about the conservation of energy and utilization of all the waste (reconstruction for the wastes of masturbation), with the ultimate hope of perfecting perpetual motion (omnipotence.)

His religious fancies were intimately interwoven with his inventions and indicated their common root. He originated a system by which a community could accumulate money, build a church, and have sufficient funds left to start a second nucleus for a church-building fund "like an endless chain" (perpetual motion).

During this prolific period of fancies, he was very courteous and delighted with anyone who would listen to him. At the same time, he was decidedly displeased with his wife and wrote numerous

indignant letters, some frankly showing suspicions of her fidelity and the renewal of the desires of her father to get rid of him.

About the sixth month of the psychosis the repressed, erotic cravings could no longer be controlled or disguised. (It is interesting to note that he never was sensitive about his tendency to homosexual perversions.) He had been allowed limited freedom of the grounds because of his harmlessness and his courteous agreeable manner. For several weeks previous to the following climax he had been secretly entertaining vivid erotic fancies about another male patient. He fancied that this man was making "passionate love" to his wife, and he must go home and "save them from themselves." He must "interfere and forgive them for almost giving way to their feelings." This man seemed particularly admirable to him at this time. A few nights later, while lying in a dream state in a bathtub, he responded to these erotic thoughts, and, jumping out of the tub, rushed into his room, exclaiming: "I love you! I love you!" The erotic pressure soon precipitated a climax. (The fancy about loving the same woman is often the meeting point of homosexuals.)

During this period he dreamed of being shot, burned, etc., and, one night, that his house was burning in a great fire and his wife and children were being destroyed. This dream, and its after-images, were so vivid that he believed it to be a reality and became panic-stricken. He rushed about the ward looking for evidences of the fire, and tried to telephone to his wife in New Orleans to find out if it was true. The most pressing assertions that information had been received from his home and that everything was all right would not quiet him. He fought the attendants desperately and tried to jump from the windows in order to escape. His anxiety was intense and, while still worrying about the fire, the next night, he evaded the attendants and sneaking into the bathroom filled the tub and flooded the compartment. For several days he continued to have hallucinations about his suffering wife, heard God calling him and was unable to eat, sleep or rest because of his anxiety. [Several months later, he explained that the panic had resulted from increased weakness and seminal emissions with dreams of great fires and loss of self-control, because he had permitted his beard (Christ's) to be shaved off. He insisted that a saving strength grew in the hair.] He called different nurses "wife," and usually saved part of his food for his "wife." He

considered himself to be doomed to die and "go to God," and that he had to save the world (crucifixion). He temporarily improved in his general behavior after this panic.

About the seventh month his parole of the grounds was returned and, for a month, he restrained himself fairly well, until the eroticism again dominated his behavior (eighth month). He became noisy, talkative and bothersome, wandered about, usually alone, would run up and down the steep hills to develop his endurance (like the Zulu) and indulged in a variety of unique exercises. He was always eager to compare his superior strength with that of other men, and *delighted* in taking punishment when boxing. (This disguised his biological inferiority in one sense, and, also, pleased his sexual cravings to be punished.) He said when a certain man hit him in the chest, "it caused an erection." In harmony with this, he begged the physicians to experiment on him. (This compares strikingly with the panicky homosexual who is afraid of being experimented upon.) He tried to prove that his body was able to overcome any deleterious substances that might be introduced into it. He ate all sorts of leaves and seeds, and finally produced a climax by drinking sewer water from a ravine because "it was full of germs." His method was to dip his fingers into the slime and lick them off. (In such erotic states, patients often believe that fellatio or cunnilingus will relieve them. The germ-laden sewage as a semen equivalent is obvious. Some patients drink from the hoppers.)

The uncontrollable craving that forced this impulsive act frightened him and, although he ate sand "to scour" himself out, he returned to the ward and anxiously sought a cathartic and bath. He completely submerged himself in the tub and drank inordinate quantities of water, exclaiming, enthusiastically, that he was able to force the water directly through his bowels while he was submerged. (The feminine sexual cravings were apparently being gratified by this archaic submerging in water and emitting water, germs and sand, as a parturition.) While in the tub he had incongruous fancies about a *rebirth*. A few days later, while still in this mental state, he ate a red poinsettia's leaves. Then he felt inspired to eat "root and branch," whereupon he devoured the stalk, chewing it down to the ground. Highly excited, he now fell upon his knees and, as he said, "tried to go down on a man and invited the man into a room." This behavior was attended with

the most uncontrollable affective disturbances of weeping, resignation, agitation and trembling.

By the ninth month this excitement again subsided, and a depression with indifference, retardation and inactivity developed. He frankly accused himself of being a "degenerate," and wrote numerous self-accusatory letters to his wife. He would stand for hours in one place, and showed great affect when he talked of his general condition.

Gradually he resumed some interest, although he was confused and still considered himself a degenerate. One morning a steam pipe blew out in the hall and he hallucinated his son's voice calling in distress to his mother. He was sure an accident had happened at home and not only on the ward. (The feelings that desired a disaster to the family were always fought against by the patient. The sexual cravings which would destroy all the resistances within the personality, in order to have free play, caused the fancied destruction of the family ties as the destruction of the resistances that opposed homosexuality.)

The feeling of unworthiness continued throughout the ninth to the fourteenth month, although he was no longer retarded. He complained of being a miserable sinner because of his acts of depravity, but would never confess what they really had been. Whether or not he really committed fellatio, which he was inclined to say he might have done in his confusion, he never actually admitted. During this time he believed he had *two* fathers and mothers (probably heavenly and earthly) and again grew a beard and renewed his fancies about being "like Christ." Because of his sincerity, courtesy and harmlessness his parole was renewed. He started many enterprises about the grounds, but never finished anything. Gradually his efforts became more practical and he became less self-assertive. Upon his own application and our consent he was given a position in a machine shop.

In the twenty-seventh month, as the result of persistent begging, he was permitted to go to work in a nearby munitions factory. He worked very well there, but was simply unable to keep from coming in conflict with his foreman and other supervisors because he delighted in displaying his inventiveness, and criticised right and left by suggesting improvements. He worked on a lathe, and soon discovered an improvement by which he could increase its capacity two, and later, threefold. This little infringement

upon the foreman's ingenuity (and social potency) aroused the latter's animosity and, true to human nature, he tried to squelch the patient's enthusiasm. This resulted merely in the patient's utilizing another outlet—a man higher up.

From the improvement, however, of the machine, the patient expanded from the practical to the absurd and insisted upon giving advice about remodelling all types of machinery and, in fact, the entire place. He was always kindly disposed about it, but irrepressibly insistent. He was discharged as a "nuisance" from the factory three weeks after he started working.

During the next year he "experimented" and claimed to have found methods of curing insanity. He freely advised the physicians and incessantly urged them to heed him. During the day he wandered about the grounds looking for an outlet for his restless energies. He cultivated a small plot of ground and raised vegetables and flowers, but allowed the garden to become weedy before the season was through. Later, he gathered together large pieces of cast-off machinery, and, at immense labor, dragged them to a pit in the woods, dug a well, built a furnace and constructed a bellows, engine, firebox, etc. He expended unlimited energy in this pursuit with the ultimate object of *creating an engine that would utilize all its power and waste nothing*. It was an approach to the perfect engine like the state he ceaselessly strove to establish in himself. (Compensation for the waste of masturbation and his impotence—Cases P-1, PD-12, CD-8.)

Although most of his plans miscarried, because he was too ambitious and had no means, he derived great pleasure out of his little successes. (If given suitable opportunities, these indefatigable workers, with their prolific imagination, practical experience and humanitarian motives, might make invaluable contributions to civilization.)

The following spring (thirty-second month), he abandoned this work and devised a scheme for selling subscriptions to magazines and developing a "big business." He still retained his religious fancies about himself, but was finally persuaded again to have his beard shaved off, not however, until he felt absolutely sure that the dreams of fire and nocturnal emissions would not return. He had facetiously maintained that he wanted to see the reactions of his wife to his beard. The fact that no erotic exaltations occurred this time with the loss of the beard did not

cause him to change his general attitude about its value to his virility.

In the thirty-fifth month he was allowed to visit his wife after emphatic warnings to avoid sexual excesses and worry in case of precocious emissions or impotence. He was discharged thirty-seven months after his admission.

Although his general intelligence was unimpaired when he was discharged his obsessive striving revealed the persistence of the underlying fears. His compensatory trend, his inventiveness (creativeness) and religious-social reforms are absolutely necessary to him in order to avoid another collapse and further homosexual difficulties. It gives him something definite to work for. His affective career is essentially an incessant biological struggle. With encouragement, and a healthful heterosexual attainment, he may yet succeed in becoming a useful member of society.

Several months after his discharge, he wrote for advice about an erotic dream that resulted in masturbation and was followed by a "hideous sound" of "angry voices" (the old protest of nature).

The man never showed anal erotic interests or hatred, and had no systematized delusions fixed upon particular individuals.

Here was a clear case of prolonged masturbation in youth, persistent eroticism, excessive sexual indulgence with ejaculation *præcox*, nocturnal emissions, and, finally, a regression to homosexual cravings, which were compensated for by tremendous strivings not to only create machinery that would conserve and use all its energy, thereby eliminating the sins of waste, but also to reform the sexual life of the herd. This patient was never analyzed. His behavior attracted considerable attention from the hospital staff and the foregoing data was freely given by the patient.

Surely, upon impartial consideration, the crucifixion and the submission to the sublime father can have no other than a profound biological significance, and a long established phylogenetic foundation in the infrahuman ancestors of man.

I have observed frequently that monkeys (*Macacus rhesus*), when sexually fatigued and indifferent, will become highly excited and erotic at the screams and panic of an intimidated monkey that is being persecuted by another. This persecuted, terrified monkey, if it can not escape, usually assumes the sexual position and its persecutor generally ends by copulating with his victim, where-

upon the other previously indifferent monkeys, also having become excited engage in copulating with one another. The primitive man no doubt was greatly invigorated and sexually excited by persecuting and maltreating his captives. Their terror and pain, the gushing blood and dying gasps were sanctified by religious ceremonies and the erotic reactions culminated in the fruits of numerous pregnancies. We still have the symbolic sacrifice of the lamb and the attainment of divine grace in religion.

In man, the popular debauches and assassinations, and tortures by beast and brute, as occurred in the Roman amphitheatre, and the public festive murders of the French guillotine, as well as the dog-fights, cock-fights and prize-fights of today are popular because of their erotogenic influence. Almost daily one may read of the mutilation and murder, by some group of brutal assailants, of an unhappy man, woman or child who is really crucified for their lust. On the other hand one actually meets men and women, who, erotic and uncontrollable, seek such mutilation and, not being able to acquire it at the hands of others, inflict it upon themselves, associating with it religious, crucifical fancies. Such acts are not rare in the history of any asylum for the insane.

The above man's desire to be "experimented upon" is similar in its value to the desires of the three following "Christ" who prayed ardently to be crucified, one of whom excised one of his testicles. The physician (Case PD-1) also, who became a brilliant philologist at fifty, amputated his penis to save humanity, and at eighty-five still begs to have his testicles removed for the same purpose. Christ's public crowning of thorns, carrying of the cross through the city's streets, the lashing and crucifixion, as a festival that excited and pleased the mob, restless under the impetus of the awakening Spring, should surely be compared as a biological phenomenon to the bloody sacrifices of the Mexican and Peruvian Indians, the Egyptians and ancient Asiatics, as well as the erotic attacks of the infrahuman primate and the ape-man upon their victims.

It is necessary to understand the behavior of man, including his most sacred and tabooed rituals, in a biological light or it can not be truly understood at all.

Case CD-5 was an uneducated Russian immigrant who was sent to St. Elizabeths Hospital after having excised one of his testicles. He said he did it to stop masturbating, but his behavior

otherwise showed unmistakable religious fanaticism and the desire to be crucified. He tried to raise a beard like Christ, and his prayers and uplifted eyes, ecstatic crucifixial countenance, his tears and impulsive giggles, revealing pleasure at the physician's approach on the ward, showed, as he persisted in attempts to bow and kiss the physician's hand, not only his appreciation, but also an intense desire to subject himself to the physician's domination. The homosexual eroticism of this was suspected at first, but later it became confirmed when we had to watch him continually to prevent him from getting into homosexual embraces with other erotic men.

Case CD-9 was a well-built, submissive-looking Bavarian, age twenty-nine, unmarried. His crucifixion cravings and penitent attitude were frankly due to his sexual "sins."

When a child he spent several years in a monastery, received a common-school education in Germany, and gave the impression of being a man of fair mental capacity and not a mental defective.

He worked in a brewery and consumed an average brewer's amount of beer daily, but his psychosis had no characteristics of alcoholism. About three years before his admission he passed through several months of anxiety and prayer because of sexual perversions that he had committed. The psychosis for which he was sent to St. Elizabeths Hospital was very similar in its characteristics to the former period, and had endured for two years before his admission. Although he had resumed work in the interval between the two psychotic periods, it is quite probable that the disease process was one psychosis, the behavior being very similar.

The striking characteristics of his behavior were the almost incessant kneeling, folding of hands, bowing of head, elevation of wide-open, ecstatic eyes, and fervent prayer to be freed from sin. He regarded almost all men who came near him as priests and devoutly made the sign of the cross, prayed for forgiveness, and if anyone stood before him for a few moments he usually tried to kneel, kiss the man's hand and begin a confession of freed sins. (See Fig. 77.)

He practically lived on his knees and prayed incessantly with sincere fervor and appeal, frequently weeping bitterly with copious flow of tears. In due course of time a severe bursitis developed over each patella for which he had to be confined to bed. Here he

continued to fold his hands and pray. Frequently he made crosses with his thumb on his forehead, lips or chin, and breast, and often placed the hand of "your highness" on his head for a blessing. Frequently he bowed his forehead to the floor and kissed the floor.

He frankly told almost anyone what his sins were, in usually the following style and with most sincere feeling: "I make myself too much trouble. My mother is not well off [sick]. I wish to make my confession. I cursed many times. I was bad many times when I was a little boy." Here he confessed to a list of childhood oral and anal erotic acts upon his younger brother and a pet dog. That the oral erotic tendencies persisted is certain, because of frequent practices of cunnilingus since he became an adult. "I worry over this. It is my fault. I had no right to do it."

His ideas about the hospital were significant. It was a place "to create good men and ladies." (Such statements usually offer a reliable prognosis because the feeling of having been made a "good" man would eventually dominate the anxious personality if he was not interfered with or mishandled.) He frequently "saw" Christ and insisted one of the patients was the Christ who had come to save him.

When he spoke of God and Christ he said: "Many times I was not satisfied and prayed on everything he gave. I have a feeling that I can not look at what your highness is writing." He was inclined to become panicky, with all the symptoms of great fear, such as blanched face, cold-beaded perspiration on the forehead, wide staring eyes, trembling, and inability to attempt to escape. He felt that he was going to be killed, burned and crucified.

He would not eat "because all trouble and fight—curses and trouble come in my head when I eat." He felt that this was caused by a poison in his food. "I said to my good mother once, '*I guess you poisoned my spoon.*' I had a feeling to help my mother, I want to be a child of you and the U. S." (Eagerness to make a transference.)

He complained most persistently that he had *a snake in his throat*. This, associated with his expectant, pleased, yet anxious attitude toward "dying," and pleasing his "dear God" (crucifixion), and his passive supplications to men, with vivid feelings of being oral erotic, made it obvious that strong submissive homosexual cravings were the cause of his anxiety. The anguish about dying and pleasing his "dear God" were crucifixion pleasures.

The intelligence tests were unsatisfactorily responded to, but, although he at times seemed to be confused, retarded and disoriented, when answers were patiently insisted upon, we frequently found that he was not disoriented and relatively not so confused.

His effusive smiles, when given some attention by the physicians, showed his great pleasure and his happy transference to the "highness."

About four months after his admission he began to improve in that he took more interest in his environment and it was quite easy to convince him that we believed work was as necessary as prayer to save his soul. He became a diligent worker and gradually an incessant worker. When he was discharged seven months after his admission, he was pleased with his "cure" and said that God *had forgiven him*.

The phallic significance of the hallucinated snake was most clearly demonstrated by Case CD-6, a married soldier, thirty-three years of age, who was in a homosexual panic with predominant crucifixial tendencies at the time of this observation. He refused nourishment and withdrew from any contact with men. He said, "They have switched the keys on me here. It looks to me in this moving picture thing [visual hallucinations are often called by this name] that someone is putting a job on me. It seems as though someone is trying to poison me. It seems the carpets [red] are poisoned. There has been a lot of cigarettes and poisoning going on here in the U. S. The snakes have made greater discoveries on us than doctors. Snakes understand us better than we do them. They have a great idea of business. Snakes keep their forbidden fruit better than anyone also. Forbidden fruit is a poison for edible purposes. I am poisoned by forbidden fruit. There are many snakes here in B-4. *Rattlers. I see their poison. It looks like semen. They give me snake poison, semen, here.* They want to land us all in the forbidden fruit country. The nurse here has been poisoned. She was dead and was captured by snakes and brought back to life. \* \* \* *The snake poison comes from the human body through the penis. I think snake poison would give me life.*"

The patient accompanied the above complaint with many efforts to stop the hypnotic influences of the physician whose presence filled him with sensations, electricity, etc., and caused feelings of weakness, loss of sexual power, etc.

Before this man collapsed in a state of homosexual panic he made a wild effort to save himself by claiming great creative powers, inventive faculties and prophetic inspirations. During this state of grand compensation he bitterly accused his wife of sexual infidelity.

During his panic he was not disoriented and could coordinate sufficiently for simple mental tests.



Fig. 59.—Simulation of Christ to please the father and sublimate homosexual cravings.

The following case (CD-7), (see Fig. 59), came to Washington, to advise the President how to stop the war. He said he was inspired by his father, and the voice of God to fulfill a mission as Jesus Christ. He also associated himself with the biblical heroes, Joseph and David. This man had not passed through his crucifixion at this time, but hinted that this would come when he became thirty-three, his present age.

The long, flowing hair, carefully groomed beard, almost line-

less face, wide-open, uplifted eyes, and fixed, sanctified, appealing facial expression contrast strikingly, in a biological sense, with the face of the virile, hard-working, average American or the tense, egotistical paranoiac. This man's vaulting ambition, claiming spontaneously to have been his "mamma's most beautiful baby" and his father's favorite son, his egotism about being named after a former president of the United States, and the fact that he never has competed for the love of a woman, gives the psychopathologist an insight into the disguised self-love of the neo-Christ. Afraid of pain, too proud to be defeated or admit error, averse to vulgar virility, and infinitely narcissistic, he is hopelessly doomed to live as a biological abortion that must surmount all obstacles with fantasy instead of work.

One of the most astonishing atonements for having been sexually perverse, hence, biologically, a betrayer of the aspirations of the human race, is in the record of the following case. Although confronting almost hopeless odds in the form of sexual perverseness this man after many months of the most bitter anguish and despair, accompanying a most eccentric indefatigable compensation, actually succeeded in restoring himself to a constructive social attitude. The purifying purpose of his desperate striving was always clear to him and he revealed it without reservation.

The brilliant sublimation made by the physician (Case PD-1) in his struggles against perverse affective cravings (oral), making many of the finest contributions on the classical use of words to the Oxford Dictionary, may well be compared to the "inspired" philological interests of this illiterate soldier (Case CD-8) who passed through a terrific emotional struggle to free himself from the influence of similar, but more overt polymorphous, perverse affective cravings.

This soldier-miner (Case CD-8) had a meagre education and "could not make sense out of some of the studies." He referred to his father as a "severe father" but did not hold him responsible for his difficulties. His father was insane for several months at fifty-six.

The patient was raised on a farm, and worked in coal mines from fourteen to twenty-two. From twenty-two to thirty-three he served in the army and made a "good" record. He was a large, powerful man, rough and inclined to rowdiness. At thirty-two he was returned to the United States from the Philippines to be

treated for pulmonary tuberculosis. At thirty-three he was discharged from the service for disability. He had been an alcoholic and had had gonorrhea.

A few months later he was sent to a state hospital as insane and soon after transferred to St. Elizabeths Hospital.

The patient frankly complained that his sexual life was the cause of his insanity. As a child on the farm he had played sexually with pigs, dogs, sand holes, children, boys and girls, and masturbated excessively. Although he made several attempts to marry, each affair was disrupted by compulsions to avoid the woman. During his life in the army he indulged in sexual debauches with men and women, and said that during one drunken episode he submitted himself to a dog for the amusement of others. During his psychosis he considered himself to have been a "rectum subject," meaning anal erotic.

About a year previous to being returned to the United States he felt that certain men exerted hypnotic influences over him, made him have perverted dreams, and were planning to control him.

When he was admitted to St. Elizabeths Hospital he was an anxious, miserable, despairing man, who stood about on the ward weeping and begging to be saved from insanity. Distressing, hallucinated voices urged him to submit to perversions and crucifixion, and he wrote numerous letters begging an opportunity to make "a confession." Unfortunately this opportunity was not arranged until a compensatory self-purification reaction had been considerably elaborated.

The anxiety and weeping rather abruptly changed to an attitude of inspired writing and talking that was quite characteristic of a religious fervor.

His attitude about making an unreserved confession was as follows: "*This life is lived to publish to the world to show them that the publishing of their sins is forgiveness. If you have a sin and hide it in your life that worries you, and if you let other people share it that makes them just as much a sinner as you are, and they are your equal. If you are ashamed to look him in the face you feel that he is your superior. By confessing to the rest of the world you make them all the same thought and same idea as you are.*" (This was entirely the patient's own conception and his own method of solving his difficulties. It was surely a vital fac-

tor in his recovery because it permitted a free affective readjustment.)

The change came, he said, when he believed that he was "lost." "They were ticking off in my mind" through electrical devices, and then "revelations" as to what he should do came to him.

The patient was tacitly *encouraged* to go ahead and given means to carry out the dictation of his feelings. To anyone who listened he poured out, without the slightest disguise, the details of all his crime and misbehavior. The sorrow and contrition for his wrongs was sincere and pitiful, although his story was full of disgusting details.

For seven months he worked incessantly on a "scientific" system according to the dictations of the "hypnotic" influences. He thoroughly worked over all his perverse sexual acts and many little details, through a language system of his own invention by which he proved that the misdeeds had been performed to test him out, just as Christ, he said, had committed all the sins of the world; and through his "scientific language" he proved that he was a "perfect man," "Christ," "the Son of God," "a redeemer," had "a perfect mind" and could not be made insane. He saved all his writings and accumulated a veritable library of note books. From scrawls and writings on scraps of paper he refined his system into note-book records and then aspired to typewrite them. It was a sincere contribution to the redemption of mankind and himself.

The "perfect language" was created by numbering each letter in the alphabet as a-1, b-2, c-3, m-13, o-15, etc. Then by taking an unpleasant word that referred to his depravity, as "crazy" he found its number by adding up the numbers of each of its letters as c-r-a-z-y equal 3-18-1-26-25 equals 73. Now any other word that equaled 73 was its equivalent; p-e-r-f-e-c-t equals 73. Therefore, "crazy" equals "*perfect*." Therefore, there is no such thing as being *crazy*. Then by substituting pleasing equivalents for unpleasant words he proved that his depravities had an entirely different meaning, that he was a "perfect man" and had invented a "perfect language." He rewrote the Bible and created an enormous dictionary for his new language. His additions were not always accurate and gradually many new coined words were added until the entire system was worked over into something like the following example:

Zaalo—55-1	Monday
Zahlo—56-2	Tuesday
Zaclo—57-3	Wednesday
Zadlo—58-4	Thursday
Zaelo—59-5	Friday
Zaflo—60-6	Saturday
Zaglo—61-7	Sunday

“This is a perfect alphabetical and numeral system; each word and number is written on perfect science. Every letter is perfect in its place. Every word and name of its number is written on its equal. The author of this system can perfect the English language and use it as a basis to write a perfect language on a scientific basis that will be adaptable for all modern sciences, so that no word can be misinterpreted. Do people wish this work done? I will do this work if given a chance.”

It is only possible to give a brief account of how he proved himself to be a “perfect man” and was now Christ on earth for the *third time*. The man had been struggling with obsessive cravings to become the object of homosexual perversions and upon his admission begged to be saved. The solution that saved him was the inspiration that he was to be crucified and would be reborn a perfect man. He frequently set the date for his crucifixion, but the climax would never quite appear. When presented to a class in psychiatry, which he greeted as jury, he described his language system, and brought out the details of his life that proved his divine origin, but before he could finish he broke down, buried his face in his hands, and weeping bitterly, he announced that “to-night I will be crucified.” The severity of his anguish made it necessary to take him back to the ward.

The following is a brief abstract of one of his innumerable dissertations to prove the mystery and magic of his birth:

“I was born on my mother’s birthday, which is the 15th of March, the third month in the year. My father was born on the fourth of March and was one of the 12 apostles, and I was born on the 15th of March, which makes three fives, which is 30, and when my mother was 19 years old I was born. My father makes me the twelfth apostle and the first, second and third of March makes me 15, which makes three fifteens, which is 45.

“When Jesus was to come back to the earth he was to go through all kinds of trials and tribulations and was to be a soldier in the army which I was on *three* full enlistments, ten years being the same number. And I was a musician in *three* different companies of the army. That is thirderd, and *everything that I ever did was thirderd*. That is the important events, which I will give you. On my father’s farm there is 15 coal hatches which gets the three fives again, and my father and mother (together) have three eyes and I have two, that makes five eyes. Now my father has two

good legs and I have two good ones and my mother one good one, the ankle of the left leg being defective, which makes five good legs. Now my father has two good arms, my mother two good arms and I have two scars on my left arm, which makes my left arm affected and will be in accordance with the Bible, which makes five good arms. There is your three fives again. Take the Roman V for the number five at the time of Jesus Christ was on earth and my father has one good eye and two feet, which makes V, and also three cornered. Take my two eyes, now there's a scar over this one and two good feet and that gives me three corners and the Roman V. Take my mother's two eyes and her one good foot, her left ankle being affected, makes her the third Roman V. This is the three fives, which is thirderd always. *Our house on the farm is the letter L*, which is the 12th letter in the alphabet and gets the twelve apostles, and the word twelve spelt gets 87, which is (equivalent to) the truth—87. Now my first name is Charley—Charley Milton, Charley is the equivalent of 'first' and Milton is the equivalent of wisdom, and is the equivalent of 'message'—that is 'the first wisdom message.' '' (The fancy of the holy family is obvious.)

At great length he showed that "everything I ever did was thirderd" and being "thirderd" meant something similar to being given a divine heritage. He worked out his various sexual experiences to show how they occurred in threes. He referred to his sexual affairs with his sister, when they were children, as having "to third her." Three as a symbol for the male genitalia is commonly used and had this value for him. He said this was his third time on earth and a time of great power whereas the second time was his "dark time," "secret time" and meant weakness. *Two* is usually the symbol of femininity and passivity.

All his sexual activities, he believed were for the purpose of extending his omnipotence and they included "mental intercourse" with "all kinds" of animals, insects, etc. Mental intercourse, he said, meant imaginary sexual intercourse.

He was in "direct communication with God at times. At times it seems like the voice is far away. *It sometimes sounds like my mother's voice.* I am in connection with her spiritually or something that way." His mother was the Virgin Mary, his father was one of the apostles and all three together were God. His brothers and sisters were not blood relations to him and he ex-

pected to marry a sister who was dead, saying she had only gone away.

His discussions almost always included something about "dying" and the completion of his "life of mystery." His discussions of dying and crucifixion were always accompanied by strong feelings of anguish and weeping. It was to be the consummation of his career and final purification.

For six months he wandered about among the patients weep-

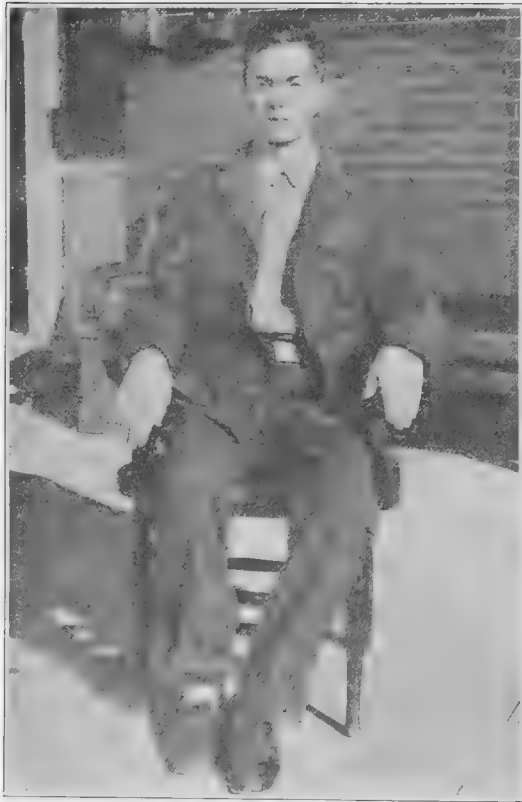


Fig. 60.—Posture as God of omnipotent power in a catatonic dissociation neurosis. The similarity of posture to the ancient Egyptian statues is obvious.

ing and preaching. The lining of his clothes and the pockets were stuffed with papers and notebooks. He also claimed to be a great inventor and planned to make Washington the capital of the world and place the treasury in the basement of the capitol. (He had claimed to be a "rectum subject" and anal erotics often accumulate and hoard all sorts of trash. The meaning of the inspiration

of treasure in the basement, in the light of anal erotic misers is obvious. There is a common vulgar term applied to both stinginess and constipation.)

By the end of the seventh month he had completed "the alphabetical language and numeral system" and discarded his earlier scribblings saying that he had been "crazy," and his claims about being "thirded," etc., were "nonsense." He still maintained, however, that he could cure insanity and that he was Christ. He seemed to feel considerable doubt about this, showing it in his reluctance to discuss it. By the ninth month he gave up his language system as also being absurd, and renounced all claims of being Christ. He explained that while on the athletic field he had overheard two patients arguing with each other to prove that they were divine, and concluded that if men as insane as these two men were, claimed to be Christ, he must doubt the sanity of his own claims. [It is highly important to consider that this man had lived for six months with a series of men who claimed to be Christs (asylum wards contain many of them) but he always passed them up as imposters and firmly believed he alone was the Christ. This is about the attitude of each case toward the other. The absurdity of the claim is only appreciated after the eroticism wanes.] During all these months he was undergoing a profound affective upheaval, with tremendous cravings to be crucified by the "severe punishment father," accompanied by strong sexual feelings in his dreams and visions for his mother and dead sister. From his behavior and general composure it was obvious that his creativeness was now subsiding with his eroticism. He now reached a state of affective composure in which he could see himself as others saw him. He was already giving up his cravings to be crucified when he overheard the argument of his companions, hence he was able to accept them as "insane."

By the eighth month he announced that he was curing himself by "will-power," baths and careful living. Within a few months after he gave up the Christ beliefs he expressed doubts about the existence of a God, etc.

By the tenth month he had developed considerable insight without assistance, but persisted in feeling that he could cure any case of insanity by the method with which he had cured himself. His insanity, he still believed, was caused by a plot.

In the eleventh month he eloped and after a few weeks re-

turned voluntarily to get a discharge. He had started to work in the mines.

He was discharged as a social recovery (about one year after his admission). He had now also given up the feeling that he had been the victim of a plot to ruin him, and added, that he now realized that his homosexual cravings and feelings that his comrades wanted him to perform homosexual acts began nearly two years before he was sent to an institution for mental diseases.

When I asked him to write an impression of his experiences he sent me a tablet containing some of his fantasies. On the cover he had written "pure, unadulterated insanity." This was his final estimation of his "perfect language" and his philosophical system. It had served a serious purpose and was then cast away. He considered himself to be soundly cured, was unashamed of his past and no longer (?) perversely conditioned. He believed that his sexual feelings for women were normal.

The following are some of his impressions of his experiences at self-cure:

"This is not to give you the impression that I think this is wisdom but the worst kind of foolishness. But when I came here I determined to make a study of insanity while treating myself and I have as good an idea as a man can have of the cause, for I have suffered every symptom of insanity that can pass through a man's mind \* \* \* I have learned a great lesson and I am in no danger of ever becoming insane any more for I have erased these ideas from my mind as fast as I would get disappointed by them, and I have learned the truth at last."

Unfortunately there is no means of following this man's career for the next few years.

This patient, while he was most erotic and polymorphously perverse, saved himself by struggling day and night, *in his own way*, with some tacit encouragement, to prove himself to be a "perfect man." He received no psychoanalysis and needed none. He simply poured out everything "that came to mind," in order to be relieved.

When his affective readjustment was made he resumed the usual interests of the average uneducated man.

One of the most important features of his attitude differentiated his struggle from other cases who have similar difficulties—he showed no hatred as a defense for his deficiencies when others

*scorned him.* When he was recovering, and the Government withdrew his pension, because of the nature of his disability, he accepted the loss without resentment. His accessibility and sincere sorrow perhaps made it possible for him to make a comfortable affective readjustment despite the odious personal distortions from his heinous perversions.

At no time did he show a flight of ideas or serious distractibility. He had been sexually perverse all his life and from thirty-three to thirty-four (about the age of the crucifixion of Christ) he passed through a tremendous affective readjustment and came out of it reborn in his attitude toward life and freed (?) from the influence of "the devil."

The last case in the above group showed no *flexibilitas cerea* or other forms of submission; nor the opposite, the unreasonable resistance and fear of the acceptance of authority required for administrative routine and physical examinations; characteristics of the catatonic, dissociated personality. He did, however, have an insatiable desire to submit (exhibit) the detailed history of his entire life to all who would listen, no matter who they were. He also desired to be crucified, become reborn and purified, so that essentially his case belongs to the catatonic crucifixion group.

### Summary

The catatonic's variation of adjustment from the paranoid's struggle is due to the manner in which the individual reacts to the irrepressible, uncontrolled sexual craving which he feels to be asocial and perverse. This variation, in turn, is not explicable, upon the assumption of an inherent difference or a particular cerebral or physiological (toxin) difference. *It is explicable, however, by the manner in which those affective cravings which constitute the ego, the socialized self, resist the sexual cravings.* The method of training and the impressions from associates and the environment determine the nature of the *ego's* resistance, hence the variations of adjustment, *i.e.*, whether or not the individual will struggle against his asocial craving like a paranoiac or submit like a catatonic.

The catatonic has, usually, a much better prognosis because the surrender to the uncontrollable dissociated cravings gives them some opportunity to obtain gratification and become neutralized by the wish-fulfilling (hallucinated) sensory images.

Naturally the catatonic's resignation to the terrific affective (erotic) pressure that floods his mind with an interminable series of weird, horrible hallucinations and compulsions to yield to unfathomable symbolic rituals, which the affect creates out of the ordinary ward routine, not only confuses but terrifies the individual. The crucifixion of himself or herself is truly a resignation of all competition with the parent and usually a profound biological submission and self-sacrifice.

I am inclined to believe that the phylogenetic foundation for the catatonic's tendency to submit and be crucified is based upon the tendency of the higher monkeys and apes to submit themselves as sexual objects to stronger males and females for the physical protection and food favors which in turn are bestowed upon the sexual object. The terror of the weaker monkey, as he yields to his unavoidable master, is, in the symptoms of panic, remarkably similar to the panics of male and female patients while they entertain convictions that they "must die," "will be initiated," "will be crucified," etc.

In all catatonic states the undercurrent affect that forces the adaptation is the uncontrollable erotic craving. It is the erotic craving that distorts the individual's sense of social proportions and material values and converts the community and the objects on the ward and the routine behavior of strangers into solemn, hypnotic, mystic rituals and weird sexual symbols.

## CHAPTER XIII

### PSYCHOPATHOLOGY OF CHRONIC, PERNICIOUS DISSOCIATION OF THE PERSONALITY WITH HEBEPHRENIC ADAPTATIONS—PREDOMINANCE OF EXCRETORY EROTIC INTERESTS

#### (Hebephrenic Dementia Præcox)—Chronic, Pernicious, Dissociation, Regression Neuroses

It is perhaps well to reemphasize that there are no absolute lines of demarcation between any of the functional psychoses. Abnormal variations of behavior which are due to affective distortion are to be regarded as varieties of biological abortion. The predominant affective variations and symptomatic traits that characterize the different types are due to the *conditional needs of the autonomic cravings and the egoistic, affective resistances to these needs*. Hence, *catatonic* and *paranoid* individuals may be expected to show some distinctive traits which determine the nature of the psychopathic abortion. The *paranoid* and *catatonic* types have more highly organized cravings to become normal matured personalities than the *hebephrenic*. This seems to be due, essentially, to the manner in which the autonomic affective cravings have been *conditioned* to strive for the special stimulation of particular sensory zones, without which stimulation the individual tends to become *irritable* and *depressed*. The nature of the individual's social strivings is influenced by the persistent pressure of these fundamental cravings.

The predominance of fascination for the excreta and the anal and urethral zones in the typical hebephrenic is astonishing. All children pass through an age, from birth to about ten, when the excreta and their creation are among the great vague mysteries of the universe. This fascination may continue, secretly, throughout life. Among the most intimate and confidential secrets of many adults is still to be seen a profound fascination for the marvelous, recreative powers to be found in the excreta of man and animals.

It is not uncommon to see country people maintain, with absolute conviction, that cow dung, sheep and horse manure have especial curative powers for the diseases attending old age, for snake-bites, bee-stings, rheumatism, nephritis, etc. The learned, classical treatises of medicine written two hundred years ago by eminent, scholarly gentlemen, literally teem with eulogies of purging, and the value of animal excreta when concocted with wines, as marvelous remedies for rheumatism, deafness, failing vision, etc. This fascination for the excreta is still traceable in the maintenance of fashionable spas and watering-places where the odoriferous emissions from the bowels of the earth are enshrined in festively decorated buildings that almost assume the proportion of temples. That such institutions are valuable is not to be denied. They are helpful so long as the constipated wish urges the bejewelled onward to seek the aggrandized symbol of the shrine that fascinated childhood.

It is not astonishing, then, if considered in a biological light, that the genus *Homo*, when depressed and wretched because of the ungrateful nature of the social system, should regress to the balmy fancies that cheered the loneliness of childhood. There is one period in every person's life when it may master all its social surroundings and reap unlimited attention, no matter how lonely it may be, nor how engrossed other people are, and this is by impulsively excreting in the years of childhood when it is unable to cleanse itself. Then, usually the child obtains thorough attention.

Hence, when a depressed, lonely, brooding, psychopathic young man, timidly, childishly, approaches his physician each morning for the administration of a generous cathartic and cautious inquiry leads him to tell, with unmistakable smiles of pleasure, how his mother used to look after these needs with enemas, we have revealed one of the conditioned cravings that constitute the very foundation of his personality.

The following cases are selected for their preadolescent style of behavior during the psychosis. A predominant number, not including the first case, show unquestionably that during the psychosis the anal zone and its emissions dominated all other interests in life.

The material of the following psychosis is presented in a chronological order although much of this data was collected

through the psychoanalysis and was not obtained through the ordinary method of asking questions for a case history. The chronological report has an advantage in that it is simple and reveals the course of the evolution of the personality into a psychopathological adaptation to specific environmental influences. The most difficult feature of presenting such cases is in revealing the wish-fulfilling value of the hallucination, phobia, etc., without making monotonous, repetitious discussions. If the reader will bear in mind the influence of the autonomic cravings for gratification (wishes), this value of most delusions, etc., will become obvious as the case unfolds.

In order that the biological struggle and collapse of this patient (HD-1)\* may be given its proper setting it is necessary to include brief character studies of the people who were most intimately associated with her. Her father was an engineer, and through many years of hard, consistent work attained a high rank in his profession. In his later years he was very conservative and saving to the point of being stingy. This was probably the result of fear of becoming destitute, due to a chronic gastritis and general feebleness. He persistently talked to his children about being prepared for misfortunes and old age. He loved his children, but tended to conflict with them because of his prudish resistances to an ordinary freedom of their general interests. Despite his carefulness about his money he made some poor real estate investments, which became a point of counter-attack later by his son-in-law. He owned some houses in a distant city which, for a time, the renters converted into houses of ill-repute. (This fact later contributed considerable reality to his daughter's psychopathic fancies.)

In his home all topics that had any sexual suggestions were most severely tabooed. He criticized his daughters for indecency when they sat with their legs crossed, and objected to seeing them dressed in kimono. This suggested to the patient that he had sexual feelings toward his daughters when he saw them in kimono and was inclined to think of their sexual difference when they sat with their legs crossed. Because of his reserve and obstinate tendency to hold on to his old conceptions his children had great dif-

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\*This case was reported in *The Psychoanalytic Review*, Vol. VI, No. 1 ("The Psychoanalytic Treatment of Dementia Praecox").

ficulty in realizing their own wishes or enjoying the freedom of their companions.

In his later years he depended upon his oldest daughter to manage his affairs, and was persistently inclined to make a baby of his youngest daughter, the patient. He was sensitive and unhappy about one of his sons, who had revolted against his dominating teachings. The other son and two daughters had very little or no important influence upon the psychosis hence are not mentioned further.

At the time of the patient's illness the father was about seventy, and an invalid from a chronic gastritis which necessitated long periods of convalescence in hospitals.

The patient's mother was a "nervous," kindly, home-loving woman, tall and heavy, diabetic and extremely fond of eating. All her children were inclined to eat excessively. She encouraged her oldest daughter to be unusually self-reliant and persistently trained her youngest daughter to be dependent upon her in every way, and introduced her, when a young woman, to visitors as her "baby." She encouraged the other children to shop and manage housekeeping affairs, but would not trust the patient with any responsibilities or allow her any initiative. She was usually displeased with this daughter's tastes and whatever she bought. She trained her to be dependent for advice about the style and material of her clothing, what dresses to wear for the day, how to act, whom to talk to, etc. She was consistently very emphatic and domineering in her conflicts with the patient, although tolerant of her other daughters.

Like her husband she severely tabooed all matters pertaining to sex and never tolerated her children's intimate confidences. She died of nephritis and diabetes about six months after the onset of her daughter's psychosis.

Their oldest son remained wayward and irresponsible for many years after his adolescence. He gambled, drank, would not work, delighted in being considered a sport and was a source of anxiety and shame to his parents and sisters. The early years of his manhood were devoted to an immoral revolt against his parent's influence.

The oldest daughter, A—, was decidedly aggressive, large, robust, active, self-reliant, fond of business and executive responsibilities, but inclined to be selfish and domineering. It was with the greatest difficulty that she could allow her youngest sister to win

in any conflict of opinion. Because of the attitude of her parents and her age she naturally dominated the smaller, younger sister and became imbued with a pleasing sense of superiority and personal responsibility for her welfare. When the patient announced her engagement, A— became intensely angry and said that she could never forgive her sister for leaving her. Undoubtedly the masculine temperament of A— had been pleased by cultivating dependence in her sister and it caused no little anxiety when she had to give up her superiority.

Three other people played an intimate part in the development of the psychosis; the patient's husband, and his father and mother.

Her husband's father was also an engineer. He was a younger man than the patient's father, with a better training, but had not yet had time to surpass the older man in financial and business standing. Under the surface of ostensible goodwill a keen rivalry developed between the families, to show which father was the better, wiser man. This quarrel developed most naturally out of the desire to demonstrate that each family practiced the better way of living, in order that the new family should adopt the better practices.

The husband's father had always been a free spender and fond of gay parties. He never worried about misfortunes and old age. His business kept him away from home a great part of the time and his wife had to depend mostly upon her only child for companionship.

She was a beautiful woman, with a trim, girlish figure, small feet, neat ankles, attractive personality, dressed in good taste, traveled extensively and had a wide range of general interests. She carefully groomed her figure and dieted to keep herself looking attractive. She was inclined to have anxiety states and occasionally retired to sanitariums for a rest. In her travels over the globe to join her husband her son was her companion and hero.

He was also an engineer, very ambitious, tense, earnest, sincere, fond of being heroic, obviously spoiled by his overindulgent mother, and at times was irritable and impulsive without realizing it. He was slender, medium sized, and at thirty had the figure of a wiry, active boy of twenty. He, like his parents, believed in enjoying life today and letting tomorrow take care of itself. He liked to spend his money for parties and play but frowned

upon people who "gormandized" and was openly disgusted with such habits in his wife and her relatives.

Just how these two families became interested in each other is unknown. To get a true perspective of their conflicts as they were waged over their common battle ground, a timid, unsophisticated, poorly trained girl, it will be necessary to study the development of the personality of this girl.

She was the youngest of the children. At birth she was considered to be a "blue baby," the causes of which apparently disappeared.

Other than a series of boils when an infant her health was excellent until sixteen when she had chlorosis attended by a mild chorea. Otherwise she was never seriously ill.

Her play interests included about everything in their proper time, such as dolls, games, dresses, friends, swimming, sailing, horseback riding, dancing, parties, etc. From twelve to fourteen she was quite a tomboy and delighted to wear a boy's hat and "cuss" like her oldest brother, who was her star. This occurred about the time he openly flaunted his misdeeds at the family's prudish conservatism and was an effort on the part of the young girl to express her dislike for the restraints that held her in bondage.

Her home training and education were sadly unfitting for the cultivation of self-reliance and efficiency.

Her father, mother and sister seemed to have irrepressible desires to keep her the "baby" of the family, and she was not only not encouraged to grow up, but was actually inhibited from doing anything of a serious nature for herself.

She was dressed, petted and pampered, and given no choice in the designing or purchasing of her clothing. Her efforts in this direction were suppressed as "poor taste."

She was trained to ask advice about every little wish and to constantly depend upon her mother and eldest sister. Even when she became an adult and married, the three older women were unable to restrain their habits of advising and bossing her.

Most of the time she enjoyed this, and became a lazy, rather obese type of girl. Initiative and responsibility became a burden to her, and she was inclined to treat her irresponsibility as a joke. At times she feebly revolted against the pernicious influence and

tried to free herself, but the persistence of the older women and her unreliable experience easily influenced her to yield.

Her education was carelessly planned and indifferently carried out. She was sent to public and private schools with no continuity of training. Subjects were taken up and never finished. She was permitted to loaf at home during her school days on whimsical little pretexts of not feeling well.

Because of the prudishness with which her parents raised her, almost every little interest that might have a sexual bearing was rebuked and had to be developed in the child's secret fancies. She had no adult or older companion in whom she could confide her fancies and whose opinions she might assimilate to qualify her own.

When about four years old while walking with her parents she became excited by the appearance of a bull. They were shocked by her curiosity and questions about the bull's scrotum. The embarrassed parents told her to look at something across the street and gave the child the impression that her curiosity was unnatural and shameful. (The affective influence of this experience came out in the psychoanalysis and played a part in the fancies of her psychosis.)

Their attitude so emphasized the object of her curiosity that she never forgot it. In due time she felt an exciting but secret curiosity in the sexual behavior of cats, chickens, dogs, horses, etc., which was forbidden by her parents, but she could not help a secret enjoyment of these things. A woman's breasts while nursing a child embarrassed her so that she had to hide her curiosity. When a little girl she demonstrated her pleasurable interests in excreta by chasing some visitors with a filthy stick. Her mother failed to comprehend the situation and punished the child, but did not make her feel sorry for her behavior, rather leaving her curious about the excitement she had created.

A few years after she entered school she saw a strange word written on the walls of an outbuilding. (The word was a common, vulgar term for sexual intercourse.) When she reached home she innocently asked her mother about the meaning of the word in the presence of visitors. Again the situation was too much for her mother's resourcefulness and the child was surprised at the excitement she created.

A number of such incidents indicate the vigor with which the

child was trying to understand a secret that could so easily cause so much embarrassment.

When she was nine years old a boy of about her age tried "to spoon" with her and this caused so much excitement that she involuntarily urinated in her clothing. This made her the butt of almost endless teasing among the children and placed in their hands an instrument of retaliation that she could not immunize herself against.

Even when she was a child she was not allowed the natural pleasure of sitting on her father's or her older brother's lap. It was not long before she realized that this restriction was because of something pertaining to her sex. Her father told his daughters that it was indecent for girls to sit with their legs crossed, and this so emphasized the factor of sexual difference that she became obsessed with an impulse to look at men when they sat with their legs apart, particularly fat men. Her father was a rather short, heavy man. (In regard to this compulsion during the psychosis, she complained of being unable to control her eyes from glancing at men in street cars, etc.)

Her father's feelings, when he saw his daughters in kimonas, were frequently expressed by his saying that it made him sick at the stomach. (This, surely, associated together her father's sexual feelings and sick stomach and substantiated one of her most unshakable convictions during her psychosis, which will be referred to later.)

She was taught to be unduly modest and careful about her person without due appreciation of the reasons for it. She never "spooned" with boys, and, when her older brother, flaunting the evidence of his postadolescent conquests and experience, demonstrated to her how he made love to the girls, she was painfully embarrassed by his behavior and believed he was making sexual advances to her. She learned that he frequented houses of prostitution and this gave material for further wild, secret fancies.

When her oldest sister began to menstruate she found some indications that this sister was passing through a most unusual experience and ventured to ask her mother about it. Again the well-intentioned mother failed to grasp the tremendous significance of her child's curiosity and after vigorously scolding her sent her to her room. This profound secret of nature shared by her mother and sister, and denied to her made her feel that she lived in a pale

beneath them and really outside their lives. From that time on she was unable to throw off a sense of personal inferiority and neglect.

At sixteen she was sent to a convent school, but only remained a few months because she thought the girls did not like her. They teased her inconsiderately because of her naïve, frank questions, her unsophisticated beliefs and the ease with which she was embarrassed and fooled by vulgar stories told by the older girls. She learned to believe that the nuns put drugs in the food to stop the menstruation of the girls. The nuns gave her medicine to correct her amenorrhea. It happened that she was asked, when returning from the toilet, if she had passed anything and she innocently replied "only a little wind." Some older pupils overheard this and the teasing by the girls became unbearable. She left school presumably because of chorea, but at the time she was worried about masturbation and feelings of inferiority.

She lost confidence in herself and learned *not to ask questions because they might reveal her thoughts*. This unfortunately cut off the principal means of acquiring the knowledge necessary to correct her archaic conceptions of her sexual life.

She had learned to masturbate by using the bed clothing in some manner and was inclined to believe that the other girls did not like her because of her habits.

Some gossip about a white woman who lived with a negro made a deep impression upon her, and she felt that this scandal in some manner was really talked about for her benefit. From her father she learned that women sometimes lived with men without being married, and around this she wove doubts about the legitimacy of her parentage and whether or not she was actually a member of the family. She became very curious about an old Dutch picture of a man and woman in a room. She wanted to know if they were married and her father suggested that they might be brother and sister. The sexual possibilities of such situations excited her imagination normally enough *but secretly*.

When she was about seventeen the family employed a colored servant who had once been a maid in a house of prostitution. The girls found in her an inexhaustible source of information which their curiosity could not resist. She described scenes of beautiful girls, dressed in stylish clothing, living a comfortable, lazy life,

and being visited by married men, etc. The fascinated girl wondered what such a house must be like, and the servant, to find an example, suggested that the houses might look like one they were living in. After this the red lamp shade, the dark halls, the kimono, her father's mysterious behavior, etc., took on the atmosphere that might be found in a house of prostitution. The servant said the matron of the house was called "madam" and her father called her mother "madam," etc. Girls that were attractive to men became objects of wonder to her and she eagerly studied them. This probably had a relation to her tendency to mimic people which she cultivated to an unusual degree.

Her sexual fancies, though more or less recurrent, were not vigorous enough at this time to cause anxiety. She had many social interests, such as dancing, games, swimming, boating, etc., to keep her occupied and quite happy. She was very affectionate and sincere, and enjoyed a reputation for her sense of humor and ability to mimic her friends. While she was growing into physical womanhood and living the emotional life of a child, not even being allowed to go into the city alone, her sisters became self-reliant, efficient young women. The eldest sister was capable of conducting business affairs and managing her grandmother's estate. This contrast greatly emphasized her immaturity and she regarded herself as a simpleton. Her mother often spoke of her as an "enigma to herself" and the patient thought she was "slyly" referring to her stupidity and masturbation.

At twenty-one she married after an engagement that was interesting because of her worry about and utter inability to make up her mind as to what behavior would be proper for an engaged girl. When her fiancé tried to put his arm around her and kiss her she reacted with so much embarrassment that he had to be contented with holding her hand. He was also unable to solve this delicate situation because of his own rather naïve conceptions about propriety and decency.

She was still influenced by her brother's past demonstrations of how he spooned with girls, and interpreted her fiancé's petting as a sexual advance.

The first serious shock came after a quarrel with her fiancé. She refused to see him, and he sought the company of other girls, including a prostitute. He had considered the engagement broken and plunged into a series of carousals.

Later the quarrel was satisfactorily adjusted and preparations were made for the marriage. A few days before the wedding her fiancé felt obsessed to make a confession of his misbehavior and inferiorities, including his long struggle with masturbation. He wanted help and sympathy because of his feelings of unfitness in the hour of his marriage.

The unexpected realization that her hero was not virtuous and true, overwhelmed her with confusion. Her first impulse was to cast him off but the expectations of her friends, the nearness of her wedding, her sense of being equally inferior and her affection for him prevailed. She suppressed her resistances and married him without talking over her dilemma with anyone. (During her psychosis she said that she felt she gave up something when she married under those conditions, and after that crisis she went backward while her husband went forward. She doubted the legality of her marriage during the psychosis.)

She knew nothing about the sexual life of woman until after her engagement when she made her mother tell her about the origin of babies. The revelation was shocking and she hated her mother for having always deceived her. Despite her ignorance, the sexual experiences did not distress her. On the other hand they did not fully satisfy her curiosity. From another, entirely unavoidable quarter, very serious difficulties now arose.

Her husband was a rather boyish type of personality. It should be recalled, he was the only child of a pretty, devoted mother. His wife in many fundamental respects was quite the opposite type of woman. His mother knew the world, groomed herself, dieted, was trim and neat, had good taste and was self-reliant. His wife was inclined to be lazy, overeat, was fat, wore loose, comfortable shoes, dressed in poor taste, could not design or buy clothing, had a limited range of interests, and had never gone anywhere alone. She was wholly dependent upon him.

He was greatly troubled by his difficulties and "asinine thoughts." He could not understand why he should be so much affected by certain physical attributes in a woman, such as small, dainty feet, hairless body, firm breasts and small stomach, and why he should so highly prize them. (Conditioned autonomic-affective cravings.) He realized that they were the attributes of his mother, but why should his wife's large, soft breasts, rather full abdomen, fat feet, and hairy ankles bother him when he tried to

make love to her? His heterosexual potency was being severely tested by the inappropriateness of his wife's physical make-up as an adequate stimulus for the invigoration of his conditioned autonomic sexual reflexes. After the novelty of his sexual object and the excitement attending the first year of married life had worn away, the biological problem became a serious one. (My impression of his problem, considering his type of personality and general physical make-up, and the biological difficulties attending such situations, is that it always will be a source of irritation.)

These conditioned functions of his sexual reflexes made him furious with himself. Although he was usually affectionate and sincere, he became irritable and impatient with his wife. He thought the sexual difficulty was an indication of sexual weakness due to boyhood masturbation. *Ejaculatio præcox* supported this belief. He tried persistently to induce his wife to diet and take exercises to reduce her abdomen and breasts. For a time she complied and also removed the hair from her ankles, but when he became impatient and critical she became negligent and resistant.

He reacted to her general unsophistication by taking her to clubs, cafés, parties, teaching her to drink cocktails, smoke cigarettes, play tennis, etc. He sincerely wished to make a chum out of her and was fondest of her when she was like a tomboy, but also she had to "mother him." Physically she was not constructed to be an athletic girl because of her broad pelvis and obesity, but temperamentally she was delighted by such efforts.

I am sure that since his adolescence he had been aware of his sexual fixation upon his mother because of incestuous dreams, and in his striving to so train himself that he would escape the horrors of incest, he married nearly the opposite type of woman. He dreamed of having sexual relations with his mother both before and after marriage and his horror was nothing less than intense. He said he prayed to God to be spared from such terrible thoughts. When he learned the biological significance of the dream he was a deeply relieved man. For these reasons and his previously noted strivings, I am sure he sacrificed many naturally delightful interests to escape the feelings of incest. After his marriage, when his conditioned sexual reactions made it evident to him, by their indifference to the stimuli to which he had bound himself, he desperately strove to train his wife to become as nearly like his mother as possible, in order to save his heterosexual potency. (Later in the

case will be found a significant comment of his wife upon a remark he made to her about homosexuality among men.)

She learned to travel alone and tried to keep house. She was sincere in her work as a wife and looked forward to home building. Unfortunately her husband's work necessitated his traveling about and her living a great part of the time with her mother, or her husband's mother. This prevented her becoming independent. The wife's relatives persisted in trying to reform her husband, and his mother tried to reeducate her son's wife. Her husband's salary was barely ample to keep things going smoothly, and yet the patient, by denying herself, managed to save several hundred dollars in two years.

Her father was displeased with his son-in-law's behavior and the latter reacted by gambling and carousing. The reactions of the son and the son-in-law to the father were strikingly similar. The two families naturally made the patient their common battle ground because she was suggestible and unsophisticated. Her family felt no compunction about criticising the behavior of her husband. She remained faithful to her husband, however, and tried to give up the habits of her family as "old fashioned," "selfish," "gormandizing," etc., and convince herself that his relatives knew better how to live.

When they were not quarreling they were happy and optimistic about the future, but they were unable to make a thoroughly satisfactory adjustment to their family differences and biological difficulties. He showed his displeasure by threatening to leave her if she lost her beauty, if she did not groom herself, and if she did not write to him daily.

Until she became pregnant the situation permitted enough physical freedom to prevent her disappointments from becoming oppressive. Her sexual life, of course, was not satisfactory with her irritable husband, and some prodromal indications of the nature of her adjustment appeared before she became pregnant. She tended to become apprehensive when she happened to be alone in the house with a man servant. She apprehended that he might make sexual advances and worried because she wouldn't know how to repulse him if he did; that is, control her sexual wishes.

During her pregnancy she masturbated and reacted with feelings of unfitness and shame, but compensated by reading select literature to cultivate in her child, through prenatal influence, a

love for the beautiful. Despite her apprehension she was, however, delighted with the prospects of having a child. *After labor when she came out of the etherization she wanted to know if her baby was "marked."* She said something about its being marked by a chicken. (Chicken is a common name for a girl of the streets.) During her convalescence after the labor, the nurse, perhaps because she was unconsciously guided by the patient's affective reactions, persisted in telling her all the sexual details and scandals she knew; particularly that masturbation caused insanity and that she must protect her son from masturbation. Her sister reenforced this train of thought by giving, as her conviction, that masturbation was a symptom of insanity, and when she asked her doctor about masturbation in boys, his comment corroborated her sister's statements.

Her mother had often told her she was "an enigma to herself" and she believed that this meant being "queer," and was now magnified into meaning "slightly insane." She felt that her mother was responsible for her masturbation, because she failed to educate her properly. (Such bitter reproaches are quite commonly made to parents by children for improper education.)

Her husband was indifferent to the infant. He showed much more pleasure in the baby of a friend. The patient felt keenly the unwelcomeness of her child and his threats about leaving her soon proved to be fertile suggestions, indeed. Her inability to control the sporadic outbursts of autoeroticism troubled her intensely, and her efforts to educate her child so that he would not masturbate, became an obsession. She expressed it to her friends in thoughts about raising her baby to be "good." The father of the baby was rather indifferent about naming it and in her fancy her unnamed infant grew into a foundling.

Not long after the birth of the child she became obsessed with the feeling that she had served an allotted purpose in the family and was no longer wanted since the birth of the child.

It is quite possible that the collapse of the patient might have been avoided even at this late stage had her husband been able to love her. This perhaps would have given her firm feelings of having attained a worthy place in nature, and if the two families had been less critical of her manner of mothering her child. At the end of the fifth month she was unable to nurse her baby and both her

mothers inconsiderately emphasized the failure by telling her of their own ability to nurse their babies for a year.

The two families conflicted right and left about the way to raise their only grandchild, and the timid, inexperienced young mother was swept off her feet. Her husband's mother insisted upon plenty of fresh air for the baby and her mother protested that the child was freezing. When her husband happened to be in a nearby city, his mother insisted that she neglected him because she did not go to see him; and her mother objected to the visit because she would be neglecting the baby. The patient said, "You would have thought the child was her own." Unfortunately she lived in her mother's house, occupying the upper floor. Most of the time she was without a servant and the necessary physical exertions were too severe. Her husband reacted to her anxiety about the education of the child by vigorously criticising the "gormandizing" tendencies of her relatives and insisted that his son should have the freedom and interests of the modern child and some day drink a cocktail with his father. The patient no longer had confidence in the integrity of her husband, and this only aggravated her obsessive fears that her baby must become sinful.

After a careful study of all the participants in this family disaster, I was unable to find that the patient had, at this time, a single adult who felt an encouraging sympathy for her efforts to become a woman according to the dictates of her own feelings.

She regarded herself as a failure as a wife and a mother, and an object of shame to her family. She read "The House of Bondage" at this time and in her fancies she became the woman who had to go down, down the social scale until she reached the gutter.

Her sexual obsessions were now met by a sincere, frightened, but poorly balanced effort of her husband to educate her. He rather instinctively felt that her ignorance was the foundation of her difficulties. Unfortunately, the book on sexology that he gave her was filled with vigorous moralizations against the depravities of masturbation and perversions. Its effect was the formation of an unshakable conviction that she was a degenerate because of her masturbation and certain sexual impulses which she was trying to suppress. She concluded that she was an outcast or should be one, that she was unfit to raise her baby, and people could see the degeneracy in her.

Her mother remarked one day about how wonderful it was for her to have a baby that she could call all her own. The "all her own" she interpreted to mean a fatherless child and the baby was regarded as a foundling. (It is evident that the erotic affect was influencing her interpretations so as to discourage the efforts to remain estimable.)

She frequently told her family that she wished she were dead and these ominous wishes were not apprehended. She had unaccountable fits of crying and depression for which she would give no explanation. When her people talked about the European War, she construed it to mean figuratively that she was a German and all the others were Allies against her.

About a year after the birth of her child she began to talk about her husband remarrying so soon as she was dead, and she looked at him with a "queer sort of smile." She wished that she and her husband and baby were dead. She could not be pacified. She began to speak of her masturbation openly and thought people sneered at her as if she passed disgusting odors. She tried to make her eldest sister promise that she would raise the child carefully and teach him to love God when she married her husband. She said it was a case of survival of the fittest. Her sister could not understand this talk and was horrified with being charged with longings to have her sister's husband. The patient told this sister of her masturbation fancies, and accused her of having influenced her in this.

She was very erotic at this time and had quite a series of dreams of having sexual intercourse with different married men whom she knew, and when her husband had intercourse with her she felt that she was his mistress. One dream that impressed her was about not being sexually satisfied. This eroticism gradually became so persistent that during her waking states she could not suppress it and the resulting fancies soon replaced the realities of her environment. She insisted upon reexamining the marriage license.

She now believed that she was no longer the daughter of her father, but a girl kept in a house of prostitution conducted by her father, and all the men talked of her beauty because of their sexual interest in her. (The sexual value of beauty and the dangers of becoming ugly had been emphasized by her husband long before.) Nearly everything now had a "double meaning" and

she read into the conversations she heard, subtle references to her secret sexual cravings.

When her mother suggested that she should give the baby's old clothing to a negress who was going to have a baby, it meant that she herself was going to have "a little black Jesus," and she now became the white woman who had lived with a colored man and had years ago aroused so much curiosity during her adolescence.

She begged her husband not to leave her and prayed that God would protect her son when she was gone. She would not allow her husband to touch her. She said he held his lips stiffly to keep from laughing at her and put his fingers to his face to hide his smiles. She believed people were lying when they talked about her. She found a copy of the "Police Gazette," which she said had pictures of her in tights, and her husband was not able to convince her that he had not exposed her.

She was afraid to take medicine because it contained poison, and she thought her urine was sticky (sugar). (Her mother had diabetes.)

Her fancies, anxiety and irritability increased rapidly, and one day she threw the household into a panic by drinking tincture of iodine to commit suicide. She was now completely out of touch with her family and upbraided them all for deceiving her and making a prostitute and degenerate out of her.

She was taken to a sanatorium and this environment became at once converted into a house of prostitution conducted by "Dr. Bull," the first syllable of the physician's name. All the inmates and herself played an active part. She fancied herself the mistress of the physician in charge. When the men talked about "billiard balls" it meant testicles. She believed that she was doped at night and was subjected to sexual assaults through her mouth. She spit and vomited frequently to cleanse herself and complained of having sexual difficulties like her father. His chronic gastritis, she said, was put on and he was merely hiding his sexual perversions. She had to be watched day and night because of her numerous attempts to strangle herself, stab herself in the head with pins and pencils, drink drugs, etc.

One day she ran into the bathroom and locked the door. She tore up her dress, and tried to strangle herself with the strips before the nurses could break the door open. When they caught

her she fought violently and, half choking, she gasped: "I know just what happened, you dirty devil. My husband told me about intercourse through the mouth." As she was taken to her bedroom she reacted with the horror that would naturally have attended an actual assault of this nature.

From that time on (for six months) she insisted that she had been sexually assaulted and ruined the way her father had been ruined. In her many tirades about her supposedly brutal treatment in that sanatorium she completely neglected the fact that she had strangled herself. Unfortunately, the nurses were not able to resist the temptation to joke about this, and during the remainder of her stay they delighted in playing upon her sexual fears and curiosity with weird stories of immorality, which material suited her affective cravings.

Throughout this erotic tide, however, the patient made a pitiful effort to be "pure" and "good." She was almost constantly in an anxiety state about her erotic fancies and helplessly tried to suppress them. She bit her fingers and pinched her skin, paced the floor and tried to keep from sleeping in order to prevent masturbation.

As a quite unusual feature in the setting, for several months she consistently criticised herself for everything she did. She spoke of herself as vain, overbearing, selfish, deceitful, lying, stupid; said her parents should have punished her, etc.

When her mother died she refused to believe it and did not grieve.

Fourteen months after the birth of her son and about two months after the attempt at suicide, she was transferred to Saint Elizabeths Hospital where she remained for eight months.

It is only possible to relate the more important incidents in her behavior while in the hospital and the underlying cravings that influenced her. Except for a slight cervical tear, her physical condition was excellent upon her admission.

When she was not disinterested in the physician's efforts she could perform the intelligence tests very well. Her letters were always neatly written and full of affection and worry about the future of her child.

She wrote to her husband as if he had divorced her. In a pathetic letter she wrote: "I feel that the whole—family, while maybe believing in God, are wholly without religion and are very

ungodly, and as they allowed me to grow up in sin, never made me go to Sunday-school, nor so much as taught me the Lord's Prayer, I hate to think that my Babe is in their power. And I very much fear that the sins of his father and mother will be visited upon him and that those sins will be encouraged in him.

"Time and again I've prayed and hoped that Baby Boy [as yet he has no name] would know the pinch of poverty inasmuch as it would bring him nearer his God and cure him of hardness of heart toward his fellow beings. I have an idea that one [her maiden name] was only a medium of propagation and after the birth of that baby was to be cast off. The baby will one of these days be 'comfortably off' and I'm quite sure he'll not be taught charitableness at all but miserable greed will be fostered in him.

"About my Baby Boy I plan and dream and hope for him, plan and hope that I can go back to him and teach him to be a good Christian. With all this planning the miserable thought comes over me that he is to live his life without me."

(The obsessive fears about the ruin of her son can be read throughout this letter as well as her pathetic struggle to avoid the disaster.)

The feelings of sin, being cast off, the godlessness of her family and the ruin of her child were her most dominant fears for several months, all beliefs being due to the erotic affect getting rid of the social obligations that inhibited its freedom of getting gratification.

Among the people she met were the names Manor, Sawyer, Gay, Childs, and Slicer, which she pieced together to mean "Man-her," "Saw-her," "Gay," "Slice-her," "Childs" (children). "Man-her" meant sexual intercourse, etc.

She repeatedly asked the nurses if they thought she was a hopeless case, believing that she had been confined in the government institution for life. She was very pleasant and tractable for several weeks and took care of her own room. At this time she was quite playful and her fancies did not seem to be more archaic than so far described.

Her husband came to visit her and most strikingly persisted in being advised even in detail as to what to say to her. He was very unhappy and took upon himself the entire responsibility of her depression and anxiety. He was secretly drinking whiskey, smoking cigarettes to excess, unable to sleep, and was constantly

resenting the criticisms of her relatives. He was willing to do anything to regain her confidence. His first few visits were cautiously conducted and she reacted with an encouraging interest in him.

She began to talk about her hallucinations and dreamed that her nurse was explaining them away and that she had gone home. She talked a great deal about the immorality of her family and her masturbation to the patients and nurses, and was constantly on the lookout for anything that pertained to sex. She was surprisingly frank and showed no embarrassment about her secrets. She said she had always been reticent about her secrets and now she was going to tell them to everyone. (See compulsion, Case CD-8.) This satisfied the feeling that the whole world should know, the dread of which is complained of when the patient resists the compulsion.

For several days she could not be induced to come into the examination room. She said she thought I was a good man, but she was afraid of me. Finally I won her confidence and she learned to depend upon me for assurance and encouragement. She was like a child in her acquisitive interests.

For some unaccountable reason, about six weeks after her admission, she slumped to a still lower method of gratifying her cravings. Her husband had been visiting her regularly and becoming tired of her childish reasoning threatened to leave her, if she did not try to get well. She also learned about his drinking whiskey. Those were probably the causes of the regression.

When she was transferred to St. Elizabeths Hospital from the sanatorium she became encouraged and adjusted to a higher level of interest, but now she regressed to her prostitution feelings and this hospital also became a house of prostitution. For several days she brought up the fancies of the sexual assault at the sanatorium and now explained her vomiting as the result of having a diseased stomach like her father's (which she imagined to be caused by fellatio). She said she had not known of such behavior until her husband unwittingly told her about such immorality among some types of men. She repeatedly remarked that she thought it was "so disconnected and funny" when her husband added "no one could make me do such a thing." For some time I was unable to get the wish which was causing these persistent worries. She persistently maintained that she was horribly assaulted while half dazed from the strangulation. Finally she commented

that she wondered if it was not a fancy, but then added that she was sure she had been assaulted. Although she wavered, she was not quite ready to give it up as a reality.

The pathological mechanism became clear to me during this interview, but she was not able to control her eroticism. Her husband's sexual failure during the last months of her pregnancy and since the birth of her child, she felt, was responsible for her uncontrollable eroticism. The sexual pressure made her masturbate and her husband's advances only irritated her. At this stage of the analysis she asked unusually simple, heedless sexual questions of almost anyone who would listen to her, and unblushingly remarked before the ward full of people, almost innumerable times during the day, that she was "a masturbator" and her family had put her in an insane asylum for it. The naïve abandonment and persistence with which these remarks were made seemed to me to be the production of an obsessive craving and not an effort to explain her confinement.

She finally became aware of the feelings which prompted this behavior as she talked about her husband's impotence and how he only irritated her. Now, she said, she got her sexual pleasure out of talking promiscuously on the ward about sexual things and did so at every opportunity. At this time she dreamed that she was driving a carriage and was delighted because she could turn it around in such a small space (turn facts around). It will be recalled that she had allowed the erotic affect to turn around the facts about a supposed sexual assault in the sanatorium, divorce, prostitution, the immorality of her family, etc. Although she now grasped the curious wish-fulfillment of her innumerable questions and assertions about sexuality, she could not yet accept the wish-fulfillment in the fancied oral sexual assault. (It is interesting to recall here her tendency to ask naïve sexual questions in childhood.)

She delighted in calling herself a "bad woman" and smilingly asked if she ought to commit suicide.

The manner in which ordinary things in her environment took on sexual values may be illustrated by a few notes from her letters to me.

"I got so I could not read my prayers without seeing something vulgar in them. 'Forgive our trespasses,' a woman (nurse)

used to accent the *passes*. I thought it was very queer and she laid such stress on it that I thought it meant something sexual.

“ ‘He leadeth me by his own hand.’ Nurse said ‘hands’ instead of hand and I thought it meant something about masturbation.

“ ‘The incorrupt tree brings forth incorrupt fruit.’ Then I realized I was wicked and my baby would be bad.

“When I asked the nurse if I could ever see my people, she said, ‘Stop worrying so.’ She put an *h* in worry which meant I was bad” (whore).

She would sleep in a certain position to see if she would awaken in the same position. She was afraid she was being misused during her sleep.

“I used to plan to commit suicide, but I would say to myself ‘no I will wait until tomorrow, I have too much curiosity now.’ Used to talk about curiosity in my sleep.” When the physician called to see her she thought she would kill herself because he intended to misuse her. Then she decided that she would wait until she was taken to the “bad house” because she wanted to see what a “bad house” was like.

During this discussion she said: “*My! if all this energy and curiosity was used for something else I would be brilliant.*” (The influence of twenty years of repression and deferred satisfaction for her curiosity was unquestionably a determinant of this sexual curiosity.) With this exclamation she spontaneously brought up her childhood shame and embarrassment that prevented the learning of the truth about sex. She had not even been permitted to watch a baby nurse. This tremendous sexual curiosity, despite all resistance, was now being satisfied at any cost, even though she could not get rid of her feelings of shame. When she forgot herself she was happy and playful, but when her duties of womanhood were emphasized she reacted to her eroticism with shame and fear.

In the ninth week of her confinement she passed into a more serious anxiety state. She brought a page of a Sunday newspaper to me on which was a full-page feature about a minister who had disappeared and awakened later to find himself a sailor in the New York Bowery. The article was illustrated with pictures of a minister, a sailor and a group of women, etc. She said I had published this and gave me an excellent demonstration of what

she could say when she was angry. She said that it referred to her love affair with a choir boy and her feeling that now she had to become the mistress of a common sailor. (She had had fancies about a sailor.)

She felt that her situation was hopeless and her family was using this means of making money out of her.

Now she lost all the reconstructive ground and insight she had gained. She became confused, had to be confined to bed, complained that she had been doped, felt stupid and seemed unable to remember anything. She tried to find a place to hang herself and made an attempt to stick a hatpin into her head. She refused food, could not sleep and had the persistent feeling that she must leave the hospital and walk the streets as a prostitute, and asked innumerable times a day if she must go into the street.

Her father came to see her at this time and she noticed his agitation and grief. She turned *her cheek* to him to be kissed (their mouths were unclean) and paid no attention to his questions. She stared at him stupidly, repeated at intervals, "I must be queer," "It is the queerest thing." Then she tried to leave him in the building and go in the street; was not interested in the pictures he brought of her baby and only begged that he would be well taken care of because she had to die.

I was at a loss to understand this sudden, profound confusion and anxiety of the patient. The newspaper story did not seem to be sufficient for such regressive changes. A few days later from a repentant husband I learned what had happened.

The patient's mother willed all her property to the father and this necessitated the signature of the heirs including the patient and her husband. Her husband had carried the will about for several days trying to decide whether or not he should sign it. Finally in his dilemma he brought up the whole family conflict again and threshed it out with the patient. He lost his temper despite explicit instructions to be careful, and told the patient that he thought her mother was insane when she made such an unjust will. They were attending a patients' dance when this occurred and she changed in a few minutes from a state of hopefulness and promise to one of serious confusion and inaccessibility.

This lasted nearly two weeks, but gradually she became more cheerful. She talked about herself as a "clinging vine" and said

she could not beat her "hoodoo number." She complained of "feeling dazed, like in a dream," that "everything had a sexual meaning, even the Bible." She asked about her father and sister but showed no interest in her husband. She dreamed that her husband and sister and baby were waving good-bye to her and she wanted to know if it meant that she must remain here.

About the twelfth week she made strong efforts to stop her eroticism and tried to stay awake at night to prevent herself from masturbating because she was afraid it occurred during her sleep. She now cried because her mother was dead and begged to go home to her father, sister and baby, but showed no interest in her husband. In her dreams one of the older women physicians became her mother and during the day she spoke of their similarities.

She sexualized nearly everything she heard and seemed to feel that the patients were all put here to annoy and persecute her for her wrongs as a masturbator and prostitute. She worried about a ward patient who was deformed by a polyneuritis, because it meant that she would become that way when "they" were finished with her. Another patient's bruised lip referred to her mouth. The perfume of the spring flowers meant something about the right way to live. The hard pillows meant a hard, bitter world. For weeks she correlated everything, it seemed, into groups of good and bad, right and wrong. She greeted her father with more affection, but protested, when he called her his "baby," that she wanted him to call her a woman. He could not quite do this but called her his "girl." This disappointed her. She needed to be recognized as a woman and her family would not respond. She was trying hard to get well.

She dreamed at this time about someone carrying a sign with a Latin word on it and when she tried to read the word it changed to "rore" (whore). The man carried it before her to make her miserable and she refused to read it because she wanted to suppress her sexual thoughts and get well. This dream worried her greatly because she could not get rid of the word it suggested. She was utterly unable to tell me about the word. Later this word persisted like an obsession and stopped the analysis and progress of the case until she frankly discussed it.

Although she went to dances and understood the moods of other patients she was troubled by a strange sense of unreality.

She wanted to know if certain other patients were not herself, and if she had been doped or just had "a spell."

These faint glimmers of insight that flashed out now and then gave us the most encouragement for her future.

In the fourteenth week the family difficulties were again forced upon her by an impulsive outburst by the husband, sister and father, and this time it gave impetus to an affective regression that finally carried her into the intrauterine affective attitude.

Her face looked confused, she stared blankly ahead of her, smiled and cried and frowned almost at the same time. She said someone was trying to talk to her from below and kept her in a perpetual state of anxiety. Her hands had to be bandaged to keep her from picking the skin off and she was given bromides and packs to quiet her.

During this anxiety her eroticism apparently asserted itself at a much more infantile level as her sensations and delusions indicated. The patients talked about the food. It horrified her because they meant she had a "queer appetite" and had abnormal sexual desires. They noticed that she was "passionate," and putting wax on the floors was done to remind her of her sexual desires. When my pencil broke in taking notes of what she said, she immediately said it was a sign that I was going to quit her case. She said she was to be made "crazy with the heat," "had to burn," etc. A Mrs. Wilbur was to leave the hospital and she believed it meant that she herself had to leave and "will-burn."

She was having auditory hallucinations and charged the women with *hypnotizing her and reading her thoughts because she could not control her wandering sexual thoughts*. In a few days she became very stupid and drowsy and hallucinated gruesome experiences with negroes

She said she did not know why she wished these things to happen to her, but she thought she would be "burned," "buried," "crushed in a box that would grow smaller and smaller," that hot irons or the floor brush would be put into her vagina, etc. Horses, bulls, negroes, "morphrodites with three penises and large breasts," her husband with two penises, her father, brother, mother and sister would have intercourse with her. The policeman's white horse as he rode by was "awful." "The horse was nearly all penis." She had become a "morphrodite" and would have intercourse with herself and use a horse's penis. "When

you speak I think I speak. I am trying to do everything." She believed she was "everybody." Her father was hallucinated as having sexual relations with her and when she told me about it she added the experience of her childhood when she was four years old and wanted to know about the bull. (This weaves in with Dr. Bull's sanatorium.) With great anxiety, she said, "To-day the nurse threw the cat out and I thought it meant me." When the nurse brought her a postage stamp, corset, stocking, box of powder, a whisk broom, etc., it meant that she took everything and was "poor white trash."

She identified herself with the manure on the lawn and was afraid to use the toilet because she would pass out with the feces. She frequently commented about people's shoes and said they



Fig. 61.—"Leda and the Swan," by Michelangelo. The Swan as Jupiter, the father, disguises the incestuous fixation of the sexual cravings.

reminded her about "passing wind." At this time there was a very noticeable fecal odor about the patient.

At brief intervals she improved enough to run the floor polisher and the long handle became a penis that tried to have intercourse with her. She complained of being "t-y-d." ("T-y-d" was her pet name for her baby's genitalia).

She would come into the examination room scowling and whispering to herself, "Who am I, am I somebody else?" When I drummed my fingers on the table, she said "rats gnawing, hither, thither anon." She watched every move I made and even such trivial things as the movements of my pencil made her submit to

its influence. (I do not think that this was a bromide delirium because her memory was not actually confused and I could get her to explain the meaning of the symbols, although the bromides must surely have added to her feelings of unreality.)

*She felt that she was a kleptomaniac and associated the numerous things she supposed she had accumulated with sexual curiosity and recalled how she had stolen little things when she was a child.* (Here a definite relationship existed between kleptomania tendencies and the gathering of sexual symbols. This behavior has been observed in other patients.) She was to gather all the trash and dirt in the world and build a degenerating world which would contrast with the beautiful world. "I think I steal all the time and take delight in hoarding up trash. I think I yell out dirty words about bowel movements" (hoarding, miserliness and anal eroticism). She showed the restless, picking symptoms of the anxiety depression and believed she had lost her soul because she could not control the sexual fancies.

During this period she frequently referred to the hot box (hot-air cabinet) with great anxiety, and begged to have the hot-air bath discontinued. For several weeks she gave me so few fragments about this particular fear that I did not understand it. Gradually her fragmentary phrases were pieced together. The hot-air cabinet, she said, was a "hot box" in which she was to be suspended and drawn up in the fetal position and to float "on her side" in her own urine and feces and would be "whirled around and around." She would be cut open and worms put into her, snakes would crawl through her, old rags would be sewed up in her, and she would be smothered. The walls of the hot box would contract around her and she would get smaller and smaller.

She also dreamed at this time about being smothered in the "hot box," and a little white girl having her mouth open for sexual intercourse. The infantile determinant for oral eroticism (nursing), is obvious in the little white girl and the affective regression (Case PD-17).

During the most vivid period of her intrauterine fancies she had to be dressed and fed. She would curl up under a blanket, and paying no attention to anyone, would laugh and giggle to herself for hours at a time.

While in this state she happened to see a cat eat the umbilical cords of its young. She worried about the cat eating its young

and worked herself into a panic about having eaten her baby. A severe *panic* about having circumcised, eaten and killed her infant continued about three weeks. She was sad and cried as if her baby were really dead. (The identification is made here of the entire baby with the baby's penis which actually was circumcised. Later the identification of the penis as a baby came out frankly and the

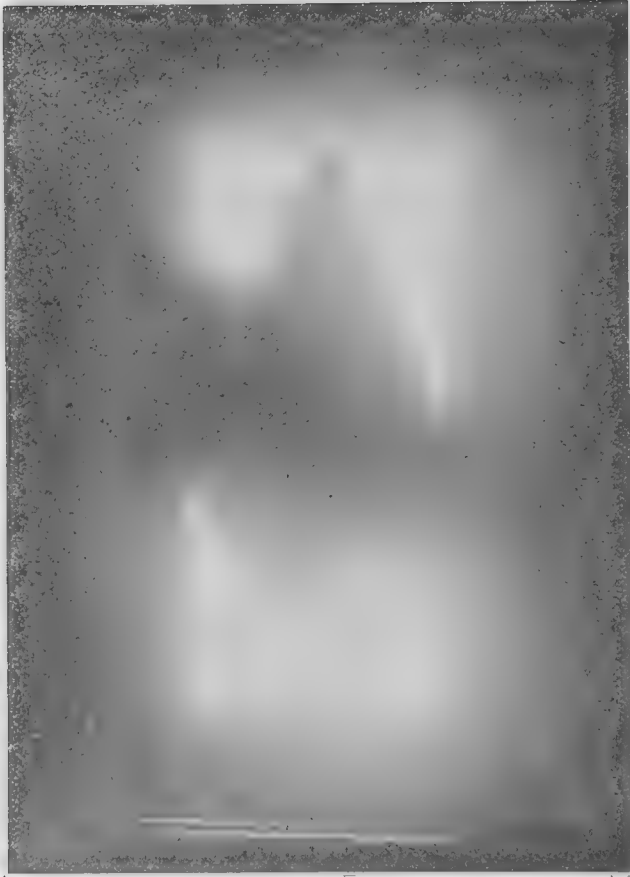


Fig. 62.—Affective regression to intrauterine attitude in suicidal negress; who suspended herself for weeks in a blanket before the window.

feeling that she had eaten her baby became recognizable as an oral erotic wish-fulfillment.)

When I asked, “Why do you think you *ate* your baby?” she gave me to understand that she did not “*hate*” her baby. The burdensome baby was disposed of in her dreams and hallucinations in the form of abortions.

At this stage of her psychosis she developed a mild nephritis and otitis media which reacted readily to treatment. The ice bag on her ear felt like a "horse's hoof" and she gave birth to a baby from the ear which was discharging pus. When I stooped over her to examine her ear she watched my pupils to see what kind of a girl she could see there. It gave her an indication of how I looked upon her. She said the light glinted in my eyes like a Japanese sword and the impression was used to suit her wishes.

She saw her sister crushed and her brother doubled up and stuffed into a tower, which made her feel glad. She thought she threw her infant down a shaft and burned it to death. She felt that she walked on babies and something held them up to her. She would walk about the ward and hold her hands behind her as if dropping something. Later she explained that she was dropping babies behind her and giving birth to a great number. She thought the nurse directed unborn souls and old people into the clouds.

When the urinals were washed out they glistened in the sun and looked to her as if they were filled with a fluid like "glycerine [meaning semen] from horses' eyes."

When she was in bed she would lie half exposed and as a man approached she made little movements to uncover herself (to submit herself) and yet looked at him in great fear.

She would lie in bed in a half-reclining position as if about to get out, and her facial expression, dilated pupils, dry lips and fixed stare showed her anxious, perplexed state of mind. She seemed to be terrified and complained of seeing most "awful things," describing a huge round muscle, "slick all over," with two "stubby legs like an elephant's legs" sticking out of it, lying on the floor. When I tried to ascertain the meaning of this very unusual visual hallucination she talked about "hot box." For many weeks she was unable to give any further clue of what it meant. "Hot box" obviously meant uterus to her but why it should be seen lying on the floor, and of such immense size with two "stubby legs" like "an elephant's legs" sticking out of it, I could not imagine. (Particular care was taken to ask no suggestive questions about this.)

During this period when she was allowed to be up and dressed she often dashed to a front window to look at something. This behavior was considered as "queer" and "silly" by those in charge of her until we learned, after no little effort, that she thought she saw her baby in the form of a white parrot hanging

from the bough of a tree. Her dashes across the room to watch it, she said, were to see if it changed its position and whether it was real or not. Her feelings about its reality were so convincing to her that she worried about this considerably, often asking questions about a parrot and her baby, and later when she had the freedom of the grounds she examined this "parrot" and found a white rag hanging on the bough.

Although her case looked very discouraging her dreams revealed affective trends that suggested a reconstruction. She dreamed that she saw her sister pick up a girl who had slipped (herself).

About the eighteenth week she began to show more interest in her family and some of the patients. She again began to feed and dress herself and crochet for her baby. She wrote affectionate letters to her husband and wanted him to send her candy.

She now entered upon what may be regarded as the *reconstruction*. Her affective cravings had apparently *regressed* to the intrauterine level and after a due period the craving for her child and family began to dominate her behavior again.

She adjusted rapidly, took walks, studied birds, went to dances, frolicked with the patients and became very hopeful. Undoubtedly she would have made a social recovery without assistance and would have regarded her experience as a protracted nightmare, but she would not have developed insight without the psychoanalysis.

She became very skillful at analyzing her hallucinations and dreams which threw significant light upon the behavior of similar cases.

In the twenty-first week she went to the city and shopped. She visited an art museum and that night dreamed of Napoleon (such a statue is in the museum) in meditation. To this she spontaneously brought out the pleasures of uninterrupted dreaming and fantasy.

Now she put her fancies about her father in the proper light. She did not think now that he was immoral, because the type of his friends proved his worth; but during her illness she fancied that if he were "bad" she might as well have sexual relations with him, and even hallucinated that she did. (This instance shows how the affect influences the estimation of social values in order to find gratification.) She begged for her watch and wedding ring and

wanted to be a wife again. Her acquisitive interests attained an excellent range, and her emotional reactions to her companions were more refined, but she was still very unstable.

She still had erotic dreams and would have to awaken to keep from masturbating. Her social interests were decidedly homosexual. She delighted in dancing with certain women, dreamed of being in continuous tubs with them and being tempted to masturbate by them.

About the twenty-third week she had progressed so far that her nurse took her out to visit her family. I had carefully instructed her husband, his mother and her eldest sister that under absolutely no circumstances must their petty grievances be thrust upon the patient in any way. These kindly, well-meaning people promised faithfully to cooperate. They had been thoroughly frightened by the regression.

With her husband I had given considerable study to his sexual problem, his irritability, and his mother fixation. Also his antagonism to her father. But human nature is not plastic when it has its own struggle. She was at home only a few hours when the family quarrel about spending money and the way to live came into the foreground. The eldest sister was simply unable to allow the patient to become independent and assert herself while at home. The latter tried to move some of the furniture about and criticised some of the decorative arrangements. A conflict was promptly precipitated. The eldest sister regarded herself as her father's housekeeper and would not tolerate interference. She wanted to be her father's favorite and the patient foresaw an unfair division of the estate, which was also her husband's fear. She returned to the hospital angry and worried. Her father and sister, she said, were scheming to cheat her out of the property, did not want her, and the whole problem of caring for her child without funds was resurrected. Much of the ground we had gained was lost, but she did not give up this time. She began to quarrel with the other patients, and derived especial delight out of "cussing." She used profanity liberally for almost everything, and was very much like a tomboy in her vulgarity and heedlessness. (This cussing method of adjustment she had learned from her brother at twelve.)

At this time, while visiting the zoo with her nurse, a negro followed them and exposed himself. The nurse became excited, but

the patient had so far regained control of herself that she coolly took charge of the situation.

Her husband visited her frequently and she responded to his encouragement by making plans to renew her housekeeping. At the same time, however, she complained of a dangerous undercurrent of laziness and longing to be protected by her mother. She dreamed frequently about her dead mother and complained that she did not feel quite right about resuming the duties of a wife because, at times, she feared another "nervous breakdown" (that is a relapse to autoeroticism).

She dreamed: "I saw mother in a white wrap and I came out of the bath (waters of birth). I said look at these funny marks on me. Mother said not to worry, they were the result of boils when I was a baby."

When she told the above dream, she added: "The marks were on the abdomen and looked like childbirth—wonder if I could ever wear a straight-front corset again [reduce abdomen]. When I was about fourteen, mother introduced me to an officer. She introduced my sister first like a woman and then introduced me as her 'baby.' I cried and it put the bosh on it right there because I wanted to be a woman. It seemed as if I took the cue and followed it since. I'll tell you one thing, I was disappointed when mother didn't make a fuss over me in the dream." Then she explained that her husband had recently told her of a girl friend who had gone to a maternity hospital.

Another infant would be a serious burden and her dread of it now naturally became quite pronounced. A few days later, she dreamed: "Someone and I were going through a poor district [her poverty] making investigations, and upon looking over a fence saw any number of pink and white, bright-faced young'uns probing the bony hip of an old horse. The children were having a very good time and because they were, at the expense of the old horse, I rapped them smartly on their wrists with a stick. That dream seemed to fade and it got on toward dark and W— [husband] and I were coming home through a field. Near a barbed-wire fence we both espied what looked to be a covered telephone wire—spotted black and red—but upon inspection W— exclaimed, 'By Jove, it's a worm, queer thing— sort of a glow worm of some kind.' It seemed to be about 100 ft. long and not so large around as one's little finger."

The above dream revealed the wish for children, but also the dread of maternity at the expense of the bony old horse. She was like the broken down old mare, and this particular symbol of herself recurred in quite a series of dreams.

She continued to be afraid to sleep because of the dreams. At night the sexual images tended to become vivid, and she resorted to means of keeping awake to avoid them. During the day she was busy enough to crowd out the unpleasant imagery.

She now spontaneously resurrected the fancies of the sexual assault in "Dr. Bull's" sanatorium. This time she gave an astonishing explanation of the craving to strangle herself and jab pencils and pins into her head, etc. She reviewed the scene in detail and then said the assault might have been imaginary. "The strangling might have had the same effect as putting my finger down my throat." She explained that she felt the same affections for her husband's penis that she did for an infant and felt impulses to submit to the wish. This horrified him and he vigorously tried to impress upon her how degrading men thought oral erotic women. She now recalled that when she had the obsession of having eaten her baby, that baby was associated with "t-y-d" and penis, which explains the influence of the oral craving of which she was fearful. The oral erotic cravings had compelled her to strangle herself, put her fingers into her throat, stick pins and pencils in her head, eat wasted food (symbolic of the censored phallus), chew up a thermometer, drink tincture of iodine, and eat her baby in fancy, etc. The genesis of this affective craving was now intelligible as the reaction to her husband's enticing and then repressive attitude, which he corroborated.

Following this adjustment the patient emphasized her fear that she talked in her sleep. She was afraid people would understand her "awful thoughts." She giggled and laughed, and yet worried about a certain awful thought. She felt that she *must* tell it to someone to free herself of its exasperating presence, and yet said; "I can not tell it. I would simply die. It got so that it identified itself with masturbation and got worse than ever." The thoughts were about a word (previously referred to as having occurred in a dream) she had seen in an outbuilding when about eleven. As a child, she thought of it with pleasant fancies when at home in the toilet. She innocently told her mother about her fancies and was whipped for indulging in vulgar thoughts.

After such impressive reactions of her mother she was unable to forget it. Before this she had not realized the true import of her behavior.

Although her sexual thoughts were troubling her constantly (she was trying to get rid of them) she was unable to tell me about that word, and its persistence stopped the progress of the analysis until she told her husband. It was the vulgar word for sexual intercourse.

After this the tendency to self-repression greatly decreased and her confidence in her relations with her husband increased.

She dreamed (twenty-eighth week): "My husband and I seemed to have a house. [They were planning to go housekeeping.] We were coming across a field and saw horses dying. One had something like a big lump or tumor on his brown side. Some horses were in agony about the war. They lay with their legs drawn up. (She explained the legs drawn up as the fetal position. War, family wars, and maternal problems were still her difficulties.)

A few nights later she dreamed: "I was back of a peculiar house on a terrace. A child and I were trying to climb down steps and we got to squabbling and wrestling. I was thrown on my back and she landed into me pounding me in the stomach" [pregnant uterus].

The relief and comfort she derived after telling her husband about the obsessive vulgar word probably encouraged her to confer the following secret which made her dread to sleep with him, fearing that she might talk in her sleep about it—namely, that during her pregnancy she had fancied herself carrying the baby of an old suitor, and this reenforced her feelings of infidelity. After this confession to him her relations became still happier and less restrained. At the time that she told me of this she also discussed the masturbation fancies during her pregnancy and it is quite probable that the fancies about the old suitor, which made her feel guilty of infidelity, made her feel that her husband was laughing at her with scorn. At this stage of the psychoanalysis she dreamed that she gave birth to a "young-un" but it was a miscarriage. She now explained the old horse dreams as old nags and she was "nagged to death," which was the meaning of the nags in the fetal position dying because of the war. "The one that looked like it was carrying a colt stood on tottering legs \* \*

I was nagged to death with a big, fat, heavy baby and I did not want to go through it again."

Now the glycerine fancies and the horses' eyes of the psychosis were brought up and she explained them. "*My sexuality was not satisfied and it just took hold of everything. I wondered how it would be to have sexual contentment. I courted it in my dreams and knew it but it wasn't in me to stop. I remember when I was lying with my head on my nurse's knee I determined not to commit masturbation, but I would have anything for happiness, so I let my imagination go and it got bigger and worse all the time. When I was indifferent to people my mind was rank and when I paid attention to people my thoughts got better.*" She explained the glycerine as a sticky fluid and "when I was in the sanatorium the nurse told me about saving sexual fluid in a bottle and trying to make women pregnant with it. [The horses' eyes blinked as her eyes blinked when she was sexually excited.] I read —'s book on 'Advice to Young Men' and he said something about not marrying a girl who would secretly peep through a curtain at bulls and cows having intercourse. There were cattle near our house and my sister and I used to watch them, but we never mentioned the word 'bull' in our house because it was vulgar."

During her psychosis she had complained of her hands being hot, and now she explained that it was associated with her masturbation during pregnancy.

As the psychoanalysis progressed she spontaneously explained the origin of the great round muscle lying on the floor with the "stubby feet sticking out." When she was pregnant she was fond of playing with the uterus and feeling the kick of the baby's feet through the abdominal wall. They felt "stubby, like an elephant's foot." Her distressing thoughts about having torn her infant to pieces were associated also with the fears of her labor. She had learned that sometimes this was done in labor and worried about the probability of having to undergo a similar experience.

Seeing her baby as a white parrot was explained as follows: When her husband was stationed in Cuba he sent her souvenir cards decorated with parrots. She was afraid she had become pregnant after he returned and by taking medicine to establish her menses she believed that perhaps she had had a miscarriage. (The baby on the bough was an abortion.) The popular asso-

ciation of chattering, imitative babies as parrots must also be included here.

The affective value of many of the grewsome hallucinations that had distressed her for many weeks now became clearly apparent. They were the productions of a biological struggle to castrate or abort the uterus and its contents in order to save the remainder of the personality from destruction. She stood on "tottering legs" and had been "nagged to death" over her maternity by her inconsiderate families.

The patient made remarkable progress in the recall and analysis of the content of her psychosis and the understanding of her affective cravings. (It is almost a universal tendency in the grave psychoses for patients to "forget" all the disagreeable details they possibly can and smooth their difficulties over only to find that with the next stress the repressed affections break through with more disastrous effects than ever.)

To make sure that her insight into her conflicts and tendency to regression was clear I asked her to write out her estimation of her case, part of which is quoted here. "One part of me would say, 'see what you've done! You'll be punished for this!' And would thoroughly frighten the other part of me and perhaps it was the self-scolding that started 'the make-believe-you-don't-know, make-believe-you-didn't-do-it.' One part took great delight in the scolding and beating the other part around the bush. And the second part was fond of dodging and scheming and getting away from the scolding and making the get-away caused the foolish giggles I think. I would preface everything with 'Oh, wouldn't it be funny if such and such a thing could and would happen—for instance if there could be an old Mother Time and I could be she) or if I could be Mrs. Gargantua and eat the world up.' But being 'Mother Time' would mean that I'd have to go on unceasingly, forever and forever—through all eternity—then having come to the end of eternity would have to start all over again, for there is no end to eternity and I'd be so tired. Had this in mind when I remarked that I seemed to do my best to jump from the frying pan into the fire." (This was an occasional remark she made while having the fancies of returning to the intrauterine state.)

Her general attitude was now so satisfactory that she was permitted to go home and return several times a week for the psychoanalysis. Several days after she had been living with her

husband in her father's house she brought the following dream and its analysis, which she made herself.

Dream: I was chasing around a high granite house looking for a broom to sweep the pantry with. The great pillars made dents like rooms. When I found the broom it was worn out.

Analysis: Chasing around the house meant seeking sexual gratification. The new broom [laughed frankly] sweeps clean—my husband came home after working all night. Was like an old broom, all worn out.

The patient's nurse was discharged (thirty-seventh week), she was given complete freedom to do as she pleased. From the time the patient returned home, her sister had conflicted with her whenever the patient asserted her independence. During this conflict the nurse was retained for an extra month because the patient's sister was in an anxiety state, about the patient possibly committing suicide. The sister insisted to me, with a vigorous display of anger, that she had to "protect her responsibilities" and did not "care a hang" what the patient did about it.

A few days later the patient had to oppose her husband's mother, who was trying to influence him to change his work. The importance of making the first year of her return to the household one of sincere welcome and comfort had been carefully discussed with her husband and he generously agreed to adapt himself to his wife's wishes. I hoped by this measure to make him feel also that as a woman his wife's interests were to be considered preeminent to his mother's.

Unfortunately his mother could not accommodate herself to their plans and strongly opposed them. The patient dreamed: "W—'s mother was saying good-bye on board a ship on a long gang-plank and embracing W—. I had been waiting for W— and I thought it a good time to get away and I ran down the plank to get away." She brought the following analysis with the dream. His mother wanted him to take a position in a foreign country. (This would have been very undesirable for the patient.) "You see before I married I expected to work out things for myself but his mother is an old "but-inski," and so when I ran away from them and the baby was drowned I escaped my troubles." The night of the above dream she also dreamed that she saw her sister and her baby drowning in a shower bath.

This incessant, miserably petty struggle between the two fam-

ilies and her husband did not cease. Although the exasperating persistence with which the older people tried to work out this young woman's plans was finally slightly checked, it has by no means, within two years, assumed the proportions of sensible consideration.

About two months after the discharge of the nurse the patient's fears were realized and she became pregnant despite precaution. Although she was urged by some members of the family to submit to a hysterectomy and be contented with one child, she decided the matter for herself and made it plainly understood that she was delighted with her prospects for another child. All she wanted was a fair amount of consideration for her wishes and material needs.

During this period, when her relatives were again trying to mold her against her desires and her husband could not free himself from the direct influence of his mother, she had several dreams of being on the stage and at work, and had strong wishes to sever her relations with his family.

*Two years later:* This patient has two fine children and is trying to work out her life plans to her heart's desire, despite the resistances that she has to deal with. When she began to recover from her psychosis her husband spontaneously promised to abstain from gambling and alcoholics, but now he has resumed taking an occasional drink which disappointed her but not grievously.

When I discharged her she seemed to be uncomfortable about two things—inability to find a religion that was not free from dogma and hypocrisy, and a feeling that her education was not ample. She made a special visit to ask me if I believed in a personal God. My indefinite reply, made with the object that she should formulate her conception for herself, I have always regretted. It was, I have always felt since, the one point in the psychoanalytic procedure where I should have crystallized things for her so that she might feel optimistic. My position in her life, due to the altruistic transference, made this essential, but I had not quite grasped the full importance of its sublimating value in her case.

Her husband has not changed sufficiently to make me feel assured about the solution of their mating problem. Although he is attentive, sincere and faithful to her, and she is a devoted, affectionate woman, he shows a constant undercurrent of criticism and displeasure about her diet, tendency to become heavy, dressing

carelessly and her personal style. He can not renounce his attachment to his mother and his work does not permit him to have a psychoanalysis.

Her feelings of inferiority about her education had to be given serious consideration. Her education had been badly supervised and her conception of her fitness as a woman was not at all commensurate with the magnificent affections of a practical nature which were natural to her. She had become more of a woman in her sympathies and insight than the average social light. Her insight into the affective mechanisms of those about her was unusually keen, and yet gracious and not critical. Among her friends she was delightfully amusing despite her feelings of inferiority. To meet this inferiority, upon advice, she read biographical sketches of famous women and reacted with the conviction that much of her suffering had been due to her suppressed, censured existence. She determined to join the movement for woman's emancipation. This was very encouraging and, although I could not frankly urge as much to her, foreseeing her husband's resistance, I explicitly insisted to him that he must not suppress this but should support her. He quite agreed with me, but a year later, upon a visit to their home, I found that he had been unable to comply. He had suppressed this most encouraging adjustment and was tending even to further remodeling pressure with no little irritability.

Two years after her discharge, despite the critical pressure of her people, she was asserting herself according to her own judgment. She met their arguments with the unshakable conviction that first of all she must use her own judgment because her physician had insisted upon it and she did not care what they had to say. She could not please everyone, and no matter what happened, she knew that her physician respected her personal integrity and sincerity.

Possibly this reliance upon me will gradually force the families to quit criticizing by discouraging them. I feel that in such problems the patient's considerations must come first.

The manner in which she managed her second pregnancy and conducted herself and household is very encouraging, although she has openly stated that if any hopeless family estrangement should ever occur she would commit suicide.

The committing of suicide would of course be equivalent to a

final regression to the eternal mother: the intrauterine regression was the most predominant interest during the period of dissociation of the personality. (See the "Isle of the Dead" by Boecklin, Fig. 29. The suicide's effort is to return to the ancient state of intrauterine dependence.)

The mental confusion, that is, the flood of distressing delusions and hallucinations through which she passed, was caused by the repressed affect becoming uncontrollable and dissociated. The distressing elements in the content of consciousness, such as the abortion and prostitution fantasies, horrifying as they were, were nevertheless wish-fulfilling.

Her psychosis may be regarded as an episode of confusion in her biological struggle. The nature of the affective dissociation and regression, as revealed by the hallucinations, was quite characteristic of the so-called dementia præcox type. The nature of her recovery and *insight* I believe was entirely due to the psychoanalysis, which, in turn, was dependent fundamentally upon the nature of the *transference* that she required.

It is important for the physician to recognize when a patient is tending to make an affective regression to a lower integrative level, because *nothing* but an adequate *transference* can prevent it. When the person upon whom the patient is most dependent for sympathetic encouragement can not respond to the situation, because of death, marriage, selfishness, unconscious resistances, or disinterestedness, it is necessary that a physician be engaged whose personality and insight are so constituted as to enable the patient to develop intelligently an affectionate transference to the physician, which, however, must plainly have only an altruistic purpose.

The following cases are typical of the mechanism of affective regression to an infantile level because the conflicts attending maturity were too severe and the form of transference conducive to maintaining mature interests is lost.

Case HD-2 is a slender little woman of thirty-eight, unmarried, who had a common school education and later worked as a domestic. She developed a psychosis at twenty-six, two years after her mother's death. The psychosis was characterized by a sudden onset, long period in bed, the refusal of food, passing of excreta in bed, indifference, hallucinations, feelings of inferiority, and a tendency to adopt her nurse as "mamma" and follow her

constantly about the ward like a child. She talked of her worries about her mother and her ability to communicate with her parents in "heaven" (wish-fulfilling hallucination). The nurse and a woman physician were adopted as mothers by her.

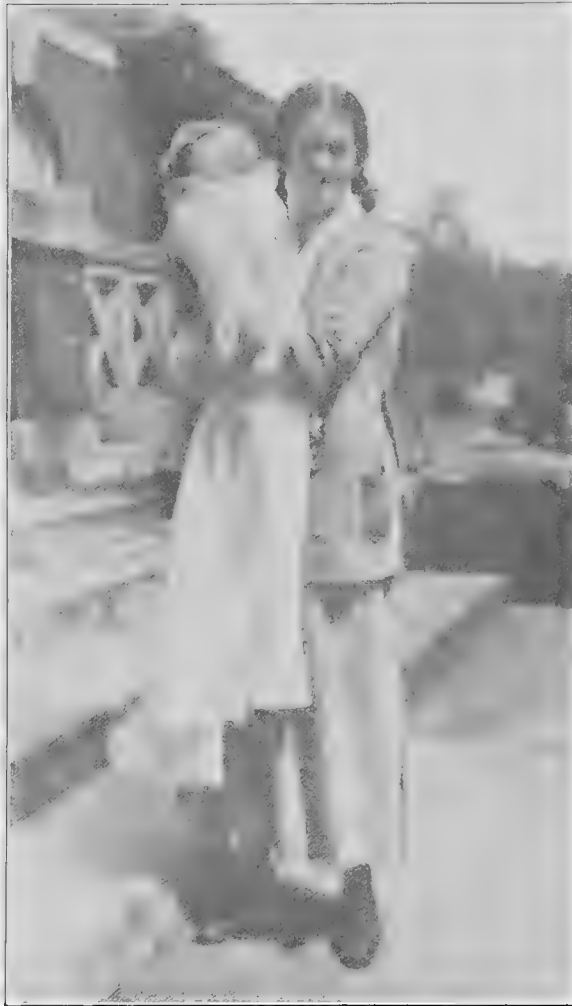


Fig. 63.—Regression to intrauterine attitude and dying followed by reconstruction to this early childhood level.

She developed the facial expression and affective attitude of a little child. Eleven years after her psychosis (age thirty-eight) she still claims to be a baby, uses baby words, baby pronunciation

and carries a large Teddy bear about with her day and night. (See Fig. 63.)

She says, in a baby's voice, that she has always been a baby and never grew up. Although one brother is younger than she, she says he was never the baby. She tells with pleasure that she is now awaiting the time of her death when she "will be with mamma in heaven."

No physical anomalies were noted upon examination. Her memory and general orientation are excellent.

Case HD-3 was a very affectionate, attractive girl who had many friends and a wide variety of social interests. When she was nine years old, an older brother coerced her into sexual play and the moral compensations later became the foundation of undue aversions for functions pertaining to sex.

At twenty she married an effeminate man of about her height, five years older than herself. He had a strong affective attachment to his mother, was rather erotic, tense and inclined to be irritable. He regarded her as sexually frigid although willing. She resented his tendency to favor his mother above her and an uncompromising situation developed in which she and the mother-in-law avoided speaking to each other for a year or longer.

The patient was a sincere Catholic and protested when her husband insisted upon an abortion the first time she became pregnant. She finally took some "pills" for this purpose, which, however, were ineffective and the fetus was delivered with instruments at full term but only lived nine days. Her reactions of remorse were serious, but finally she succeeded in smoothing the situation over, although she held herself responsible for the death of the infant because of the drug.

Fourteen months later she gave birth to her second son and seemed to improve finely until the eighth day when she showed considerable anxiety about something which was not understood. On the ninth day she began to talk about her first infant (died on ninth day) and mentioned its name. She had premonitions that something serious was going to happen and asked to see her mother-in-law. Unfortunately an understanding was not only not effected, but the situation was, as usual, *decidedly aggravated*. (The physician probably did not grasp the serious incompatibility always to be found in two women who demand the first considera-

tions of one man, even if he is the son of one of the women. The mother-in-law must step back or the situation is *hopeless*.)

The patient now became confused and rapidly developed a delirium. She said she must sacrifice herself and added something about "the devil." She seemed to be obsessed with feelings of sinfulness and confessed the sexual transgressions of her brother for which she seemed to feel she was responsible. She had another secret. She said her husband was the Father, Son and Holy Ghost, and God was the Father and she was the Virgin Mary. She called frequently for her first infant.

She was finally admitted to St. Elizabeths Hospital in a very toxic, delirious condition. She tossed restlessly from side to side in bed, tongue coated, breath foul, eyes staring, and was unresponsive to questions. At times she rubbed her hand along the wall and then kissed it. She had to be tube-fed, was disoriented, and persisted in misnaming the nurse. A few days after admission she began to talk incessantly. The stream of thought was disconnected and not influenced by the environment but tended to refer to her affective disappointments, her husband, and persistent feelings that she had to leave him. In the continuous bath she spoke of snakes, bedbugs, negroes, and threw the pillow out of the tub, because it was a "negro." She wrote several letters filled with vulgar sexual phrases, references to feces and her love for the nurse.

The delirium continued for nearly a month, during which she gave birth (simulated) to twins, two boys, instead of one child (a compensation for the dead child).

Then she improved gradually, became oriented, helped to nurse other patients and seemed to be readjusting very well, although she still had hallucinations. *Unfortunately her narcissistic husband did not understand her, he really could not be made to understand her, and could not give her the affectionate consideration she required, because of his mother-attachment. He tried to be kind, but was stiff, proud, insistent, even haughty, and was unable to develop the slightest comprehension of his affective influence in the situation.* He was advised not to visit his wife, but his unreasonable persistence had to be yielded to occasionally although it was regarded as an ominous risk because she so frequently asked her nurse to tell her the truth about whether or not she might get well. She was afraid she never could, which was regarded as an in-

dication of the perniciousness of the regressive reaction to her husband's attitude. She was, however, playful and kind. The crisis came at an unguarded moment. A profound affective regression occurred and she has remained fixed in this condition for nearly four years.

Her husband would never share his responsibility for the episode. He used the defensive phrases that people usually use when they want to avoid responsibilities. He simply *forgot* most of the things he said while they were in the hospital parlor together. He said he did not notice anything unusual about her behavior. Whatever disappointment the patient experienced, she returned to the ward and cried like a broken-hearted girl. She soon passed into an excitement, destroyed her clothing, rubbed saliva over her arms, put food into her mouth, spit it up and ate it again, became mute and masturbated excessively. Later the frequency of the masturbation subsided and she assumed the fetal position under blankets which she placed on the floor (mother earth). She would not lie in bed. She preferred dark rooms and when anyone entered she rolled over and over. On the open ward she turned somersaults over the furniture, exposed herself, and crawled into dark corners. She has remained almost consistently mute since the episode in the parlor.

She was fond of resting her *back* against the electric light switch and turning on the light. Sometimes she assumed the female sexual position on the floor and then assumed the male sexual position and imitated coitus: she usually left her slipper in the office when she started to leave. On one occasion, when asked to write out her troubles because she would not speak, she drew an eagle among the clouds for me and when she handed back the pencil, cleaned it off as if it had been soiled by her hands.

For several days at a time she had periods when she crawled about on all fours, barked and grunted like an animal. She would not eat in anyone's presence and mixed her foods into a homogeneous mass on the floor and only ate part of it. She also played with her excreta and rubbed urine into her hair. (Excretory erotic interests were very active.)

She grabbed her sister's wrist watch and swallowed it. It was recovered later and then she tried to swallow her nurse's watch. (Probably a pregnancy substitution, as the ticking watch may symbolize an animated object. One is inclined to feel that the

affective craving to have the first child return was partly gratified by this as well as by fancies of its rebirth.)

The patient was finally taken to her home for several months and nursed, but failed to respond.

Since her return to the hospital she will not wear clothing, but tears her dresses, wraps them around her body like a blanket,



Fig. 64.—Prehistoric Costa Rican sculpture showing squatting, ape-like posture with genitalia displayed to the foreground. Compare with squatting postures of hebephrenic deteriorated types on next page.

sits on the floor for hours with her head buried in her arms and her knees pulled up to her chest—a very common dementia præcox position in which such patients freely play with their *pelvic orifices*. It is also a position very common to apes and savages. (See Fig. 64, a decidedly fetal position.)

She now calls her nurse "mamma," and occasionally talks in a playful, childish voice, sings childish songs about school days, begs to be loved, petted and fed, but most of the time she is mute, destructive, plays with excreta and masturbates openly.

She complains of having died and says her baby was killed on a railroad track.

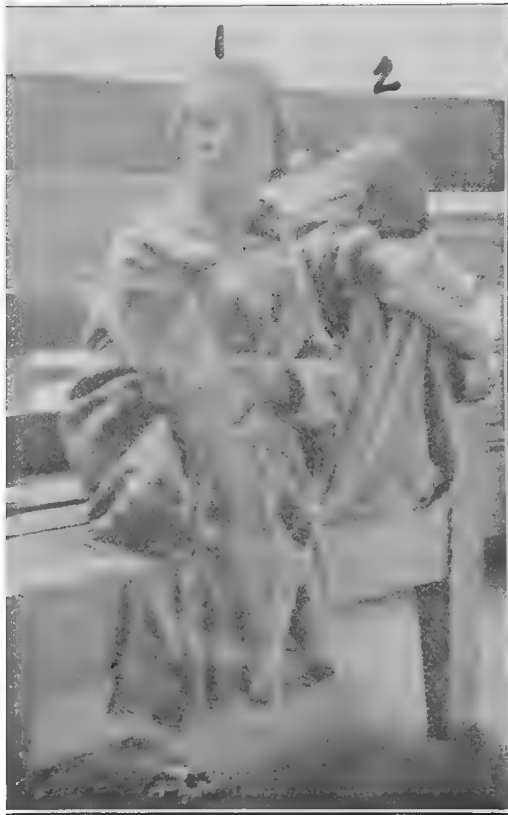


Fig. 65.—No. 1 shows the primitive ape-like posture with erotic facial expression. No. 2 shows a similar bodily posture with significant differences in posture of the arms and head which is more like the affective attitude of intrauterine regression. While in this mood patients often insist they are dead.

Previously she menstruated regularly every two weeks, but since the psychosis the menstrual functions have been inactive. Her prognosis is hopeless, I believe, not because of her present affective disposition, but because of the insurmountable resistances in her husband and his mother to the affect readjusting at a

higher, independent level. Her religion and the law prevent a divorce which might permit the repressed affect an opportunity to adjust itself along more constructive lines.

The following group of hebephrenic dissociated personalities has been selected to illustrate further the influence upon behavior and character formation of the repressed, dissociated anal erotic



Fig. 66.—Ape posture in excretory erotic hebephrenic dementia præcox—a dissociation neurosis with regression to infantile level and abandonment to pelvic segmental cravings.

(sodomistic) cravings, and the fascination for the excreta. The peculiar stupor which patients are inclined to develop while in an anal erotic tension is decidedly worth more detailed investigation in selected cases. Two of the preceding cases showed marked interests in the excreta, but the following group showed predominant interests of this nature when in the depths of the psychosis.

As the obverse corollary to the hoarding of the seclusive anal erotic miser, who must accumulate material in order to prevent the visceral anxiety that comes on when he feels that he may lose his wealth and possibly not be able to provide the alimentary tract and its outlet with sufficient stimuli, we have the case of compulsive, *anxious* cleansing to remove the guilt of the incestuous anal erotic craving (Case PN-1), and the opposite types, who *delight* in accumulating debris, reducing their clothing to *loose* rags, and spending their time in trying to defecate. At the same time the latter type have very active sodomistic tendencies toward their companions. The typical miser and the mysophobic patient are self-centered and seclusive, whereas this other anal erotic type is more inclined to companionship and revelling in waste and debris, hoboism and irresponsibility.

Case HD-4 was a large, well-muscled, almost brawny, sailor, 6 ft. tall, weighing about 180 lbs. He was twenty-six years old, unmarried, and had never had a love affair with a female. He had a large masculine figure, no deformities, and a heavy distribution of hair. His genitalia were well developed and no stigmata or indications of physical inferiority of the gross type were detected. His forehead gave the impression of being a little lower than normal, because the scalp grew closer to the eyebrows than usual. His head, however, was actually of good height and breadth. He was an excellent example of that group of men who are physically better sexed than the average man, but, because of their affective development, are not truly matured males.

He had had no serious diseases except gonorrhea. Syphilis was denied, and his blood (Wassermann) reaction was negative. He had been inclined to delight in alcoholic debauches, and had one scar over the left hip from a stab wound received in a Mexican gambling house brawl, and another from a bullet wound in the leg acquired in a saloon fight. (*When drunk, he was inclined to become brutal and quarrelsome, which is rather a significant indication of old repressions of hatred.*)

The family history (inadequate) obtained from the patient revealed no neurological or psychopathic determinants in his heredity.

The patient was born in a rural district of Tennessee in 1888, developed normally as a child, and had no serious illnesses. He attended a southern country school intermittently until sixteen

years of age. This gave him a meager education. As a pupil, he was indifferent.

He worked on a farm with his father and conflicted frequently with his parents who evidently did not understand him. This was disposed to make him brood and sullenly resent their impositions and punishment.

He refused to work with his father because of their quarrels and obtained little sympathy from his mother. With uncontrollable affect of grief and facial tremors he commented, when a patient, upon her, as follows: "My mother had no use for me when I was a child. She loved my brother and sister \* \* \* *They* [not a reference to parents] used to get her under control and she would whip me. \* \* \* I have no use for my mother and would not go home if she were living."

At seventeen, he ran away from home and travelled with a circus as an assistant to an animal trainer. He wandered about the Southwest for several years working as an unskilled laborer, earning from \$40.00 to \$90.00 a month. At twenty-one, he enlisted in the navy and served for three years, receiving an honorable discharge as a third-class gunner's mate.

At this time he inherited \$1800.00 from his parent's estate which was totally lost when a boarding house which he had established, was destroyed by fire. This misfortune discouraged him seriously and for several months he wandered about the Pacific coast doing odd jobs in lumber camps, judging from his behavior, apparently in a very abnormal frame of mind.

During this period of anxiety he reenlisted in the Navy, (aged twenty-five). As he expressed himself, he was "afraid that *they* would break me down and get me into trouble." "*They*," he said, followed him over the Pacific coast. He was actually undergoing a grave biological struggle into which he had no insight.

Three months later while on board ship he was observed to be acting "queerly" and spending much of his time reading oriental books of mystery. A few days later, he threatened to shoot some of his companions whom he accused of persecuting him. He tried to obtain a revolver for this purpose and attracted the attention of the officer in charge. When questioned by the medical officer he broke down completely and, with uncontrollable affect, explained that he, himself, was a "beast." He also repeatedly told his comrades that he was a "moral degenerate." (Evidently

the “*they*” who would “break him down” had succeeded despite his pathetic, earnest attempts to transcend them by reading oriental books about the development of occult mental powers. The “*they*” were his irrepressible homosexual cravings as will be shown later.)

He was sent to a naval hospital, and became panic-stricken because “someone” had told him that he was to be “hung.” Because of his feelings of impending punishment, he tried to escape. After several weeks of terrifying hallucinations, he gradually became indifferent to work and spent his time in listless day dreaming. He talked freely about his super-human powers to anyone who would listen and now elaborated them without reserve.

He was admitted to Saint Elizabeths Hospital (aged twenty-six) about seven months after his personal difficulties had developed to the degree of a psychosis. In its essential characteristics the psychosis had not changed after the acute stages of the panic.

Upon admission, he performed the routine intelligence tests very well. (This accomplishment requires control of attention and fairly accurate recall of details for past and recent experiences, but very little education.)

The patient showed clearly, by his affective reactions and fancies, that he was seriously troubled by grave, personal deficiencies. Their nature became apparent later in the study of his case. He derived great comfort out of his fancies that he was a *super-man*. Those who feigned to believe him, he liked, those who doubted him, he tried to convince of his powers, and those who criticised him were hated. It pleased him greatly if one paid some attention to his fancies, abstracts of which from a series of talks are given with some detail here. (The fancies, through the tendency to develop the opposite in order to hide the painful weakness, often indicate the personal deficiency (Case MD-11).)

“Every so often someone is born with these [his] powers, which are controlled by the spirits that rule the universe, and a person so gifted is compelled to use his powers or else he is put to death. [Death, meaning the destruction of the virile traits of the personality, is very commonly so used by such patients.] If, on the other hand, they use these powers, they are condemned to a life of trouble.”

“I was father of all the people. [Omnipotence and perpetual power fantasy.] I built the Panama Canal, naval hospital at Brem-

erton, including ships, machinery, big guns, and about everything in the world." He was fond of talking about his (fancied) friendly relations with the commanders of various vessels and how they were awed by his superhuman wisdom. He said he had studied "*metapathium* [metaphysics] *which teaches a man to contract unseen forces and communicate with people.*"

He was convinced that there was no need of his again trying to overcome the mysterious, all powerful forces which were trying to "pull me down," "break me down," and anyone who tried to help him, he said, was in danger of becoming the same way. With a marked display of affect and sincere pleading, he besought me to give up his case and not try to help him, because if I did I would surely become like himself. He had developed, after several months, a strong *transference* to me, and this anxiety was quite indicative of the undercurrent homosexual feelings that were reacting to my personal interest in his difficulties.

"A man has got to get where he don't realize his surroundings, but at that time I would be in a helpless state. When a man tries to concentrate his mind to get into a higher form of life, that is when *they* try to harm you in many ways \* \* \* \* If a man could work himself up high enough he could control himself." (Compensate sufficiently.)

(The above comments, when they became intelligible, proved to be most significant and revealed his biological difficulty, showing in a sense the insight, that if a man could develop himself to a high enough biological level, he could control himself from the tendency to relapse to adolescent and preadolescent sexual interests. This man's hint led to the investigation of the secret of the paranoiac's grand compensation, presented in the chapter on the paranoid type—namely, his struggle to reach a biological level that at times he can vaguely feel but can not quite attain because of the conditioned sexual cravings.)

For five months, he was indifferent to the other people about him, many of whom were sailors of his own age. He rarely quarrelled with anyone and was not sensitive about his honor. He was rather sluggish and enjoyed himself best when lying on a bench with his face covered, lost in dreams. He worked well on the ward so long as urged and flattered. All his discussions were given with an attitude of deep confidence in his wisdom.

The attempts to convince him, made by the ward physician,

that he was not being persecuted were met by vigorous assertions that his difficulties were real. The defense was often accompanied by marked agitation. He felt his case to be beyond help and never seemed to vary from this opinion. Because of this he was considered to be incurable.

Further than relating fancies about his omnipotence and persecutions he was not inclined to be accessible. There was considerable repetition and rambling in his discussions which are included in the history in as intelligible a sequence as possible.

The "absurd, discouraging" ideas of the patient, as some of the physicians were inclined to call them, which he discussed with so much conviction, *later proved to be figuratively* or symbolically true, although not literally so, as the patient himself had maintained them to be at the first. They contained the biological secret of his life, into which he had to gain insight in order to make a more practical adjustment.

For several interviews the frequent inquiries into his difficulties yielded nothing more than heroic fancies and expressions of the following type, but they were usually accompanied by marked affect:—

"When I was twelve I was in Tennessee. A man named ——— had his legs cut off when in Saint Louis. He was only ten or eleven. He was a nice lad. They tried to do something with him but could not. Then I gave him his leg back. I thought of this just a few days ago." (Perhaps a figurative castration fantasy which may be compared with the definite castration fantasy given later.)

The following example of his mysterious fantasies was woven into his account of his confinement in a hospital: "When the guard who had taken me to the hospital had returned to his ship I was there. They asked me how I managed to get back so soon and I told them I had returned to the ship by wireless while they had to use the train." When asked to explain what he meant by getting back by wireless, he said: "I used the word 'wireless' merely as a figure of speech, but I meant that I was already on the ship. Although I had gone to Ukiah, California, I had never left the ship."

As in all such cases it is useless to attempt to correct such glaringly inconsistent statements. It only provokes indignation and further inconsistent statements when the physician attempts

to force the patient to recognize his falsifications. A more successful method seems to be to patiently listen to the seemingly inexhaustible supply of fancies, and, as the patient gains more confidence in his physician's purpose, more intelligible personal stories are related. He often told various physicians and patients at this time that if he could concentrate his mind more thoroughly he would have enough power to pass out through the roof and transfer himself instantly to any distant land. This naturally aroused no little impatience in busy members of the staff, and their severe but well meant criticisms of his "nonsense" insulted the patient and he soon learned to keep his fancies and difficulties to himself.

When he found his fancies were listened to with patient sobriety he felt encouraged to elaborate those about mental concentration and astral flight. Although disconnected, they give at least an impression of the numerous unintelligible difficulties to be met with before the truth will out.

"When a man thinks—they claim when he lives this lower life they call that thinking. I'll try to explain it differently. Suppose a man has three bodies, a material body, an astral body and a spiritual body. It is hard to maintain this body without food. *My enemies* try to make me live this body [the material]. The spiritual body is one no one can explain. The astral body is an imaginary body, is not material, but *it is a body, that is just about all* [everything]; there is no limit to space or time. You are just as old as God, as anyone else."

The spiritual body was passed by with the remark, "No one can explain." The discussions of the material body revealed that he felt it to be controlled by "they," "those people," "my enemies," which try to "keep me down,—make a brute out of me." He escaped from these unhappy cravings by developing, through "concentration," the "astral body" or bodies which were omnipotent and omnipresent, if estimated by his fancies of their deeds.

He avoided, for a long time, discussing freely the unpleasant difficulties of "the material body" or the lower self, and delighted in the omnipotent traits of his astral self.

"*When I quit thinking I can be made to do anything.*" He often referred to this state as being made "mentally thick" (stupid.) "You see, to do *that*, I must forget everything. After I make myself strong I cannot be influenced." He often talked about the "concentrated" or astral state's achievements in the past.

Ridicule of it had taught him not to attempt any further explanations. He earnestly claimed that at one time he could make several, even a dozen, astral bodies, and delighted in relating their potent, heroic achievements, such as building canals, ships, railroads, etc., but, particularly, *detailed accounts* of their heterosexual conquests, and the plan to get married because then "they" would let him alone. (The number would be astonishing if the males and females were known who marry with the desperate hope that heterosexual intercourse will free them from homosexuality and masturbation. Sadly enough, physicians are frequently inclined to recommend such procedures under pathological conditions.)

During the conference in which the fancies about the value of the marriage of the astral self was discussed he made his first confession of his past heterosexual difficulties, although the difficulties of the material self had been quite frequently referred to. He told of his attempts to have sexual relations with a prostitute and how "they" (the mysteriously destructive forces) fought him and made it difficult for him to "concentrate and have an erection." He finally succeeded in having sexual relations, but felt no pleasure or passion, as he expressed it. He said he made this effort because if he got into trouble people would think that he had tried to live *right*. (Heterosexual potency and the higher life.)

From that time on, the patient's transference was such that he allowed me to remind him of what he actually meant by concentrating to attain omnipotence and live a higher life. As this insight developed he tended to abandon his wild fancies about the astral self.

Patients who persist in their striving and hope to attain heterosexual potency delight in fancies about promiscuous heterosexual conquests. This ignorant sailor gave a detailed account, with great pleasure and earnestness, of how, when he was fifteen, college girls lived in a house for his pleasure, and tried to make a "Brigham Young" out of him. (This was probably a recasting of his old masturbation fancies.)

The patient usually showed considerable affect, and even anxiety, when he discussed the process of his mind "getting thick" and "forgetting everything." "They keep fighting me all the time. If I were discharged [from the hospital] they would keep right after me, get me restless [erotic] and get me into a state of not thinking. Then one is weak and they use him. I have never had

rest. That has been the one thing in the world that I have been looking for. Now I am as helpless as a babe. These people make me live the life of a brute."

"When a man tries to do well they fight him so much that they tear his mind up and wear him out." He complained of his struggles to live the higher life (heterosexual), but that sooner or later, *when he was not on his guard, he would suddenly become "thick" and "mean" and while in this state of confusion he would be compelled to commit sodomy.*

During the analysis he related this dream: "Trees, fruit trees, chestnut trees in full bloom in June. Snow all over the trees [trembles]. At that time they were going to use me and I awakened." (To be used meant for homosexual purposes.)

His discussion is given here in part: "The snow destroys the crops, is cold." (He was unable to practice coitus and was unable to feel passion.) *When "they" use him, he said: "They make me quit thinking and confuse me with ideas of sodomy." He maintained he did not realize what he was doing at such times and could only give a vague account of what happened. His description of his behavior, although colored with fancies, was decidedly like the behavior of some confused epileptics while suffering hallucinations and fears of being assaulted.*

When his accounts of his sodomistic tendencies became less guarded, he said, with great agitation, that he was not only forced to live like "a brute" but also something was trying to make a "c. s." out of him. Unfortunately, just as he was confessing these difficulties, the discussion was interrupted by a knock on the office door. I was not again able to obtain a reference to his oral erotic difficulties although he frequently discussed his anal eroticism.

After I succeeded in having the pleasure principle recognized in his homosexual submissions and aggressions, he became less inclined to shunt the responsibility onto an impersonal "they" and accepted the inclinations as his own. This seemed to be the most important step toward a more healthy readjustment of his conflict, which, however, I believe, never entirely disappeared and may be expected to recur later in life with grave mental consequences.

The following fancies, at first seriously given reveal the mechanism of the compensatory striving to avoid this cause of fear. He discussed the inclination of the second cruise men (old sailors)

on his ship to kiss the soft skinned, effeminate boys who were in the crew. Then he told of how he himself transformed "a lady" (effeminate boy) into a blue jacket, and kept "her" for some time on board ship, practicing sodomy with "her."

The pleasure fancy was expressed as follows: "She said, 'they put me here for you to use me so you wouldn't get into trouble.' " He was fond of giving imaginary quotations about being called "father" by his sexual objects. He quoted them as saying with awe, "Father can do anything." With this phrase he frequently diverted to heroic stories about making wonderful machinery, etc., or vanquishing an enemy. He had an enemy in sailor C—who was at one time a drinking companion and probably a paramour. He talked with great affect about a quarrel with C—and of how he smashed a plate over his head. Then he put the pieces together and the fellow called him "God" and "Father" and marvelled at his great powers and ability to "do anything."

"People have always called me father all over the world \* \* *Hate, fear and worry* are the worst enemies of man. I know they will be forgiven, when I know enough to let the devil let me alone. I know the spirits. I know Mother. She is mother to the world. She is in heaven. She is everyone's mother, not that one I had on earth," (said with emotion).

This patient's fancies about having superhuman power when he could concentrate, were intimately based upon his struggle to establish heterosexual potency and be socially respected. His strivings to escape from the influences of the "they" which make him homosexual, commit sodomy, etc., were his biological struggle to develop adult male sexual attributes. Whatever conditioned the homosexual fixation was not analyzed, but is indicated in the following:

When his sexual difficulties were frankly considered in the consultations, he talked of influences to which he had not properly adjusted when an adolescent. "I used to go to bed with my trousers on, so I could not put my hand on my privates. At night, *they* used to fight me. *They* would make me think of having intercourse with women." This account of his early difficulties may be more or less true, but at least it established the "they" as a personification of his sexual cravings.

To the masturbation discussion he added the fancy, perhaps partly true, that when fifteen he helped a man to escape from the

community. "They" were trying to make a masturbator out of him, and if he did not quit they would cut his testicles out. Later, they cut out his testicles but healed him up. (The self-cure of masturbation by castration is not uncommon.) Upon another occasion he related the same story about this man and included that his grandfather had warned him not to associate with the fellow because he was a "c. s." "They," however, made him associate with the man and he "cured" the fellow by teaching him to "concentrate his mind."

During the psychosis he would not recognize his brother's letters and was inclined to regard him as dead. He gradually resumed an interest in his family and the realities of life. He disposed of his fancies as something he would no longer discuss because it was "foolish," although at times he intimated that he still tended to solve his troubles through mental concentration.

Seventeen months after the onset of his panic he was discharged from the hospital as a social recovery, because of his congenial attitude and the fact that by working he demonstrated his ability to take care of himself.

This man's explanations of his mental state of becoming "thick" (confused) by the pressure of the anal erotic cravings and his tendency to get into fights and become "a brute" possibly throws a significant light on some types of epileptic personalities. It is well known that epileptics may become very abusive and cruel, and even commit horrible erotic crimes, while in the epileptic confusion.

A variety of reactions to anal eroticism are given here because they indicate that the fall and the convulsions in some cases of idiopathic epilepsy are related frankly to anal-rectal eroticism.

Case HD-5, *considered to be a hebephrenic type of dementia præcox*, had been seen submitting himself to sodomy with affections that made his anal eroticism unmistakable. One day when I entered the ward I saw him standing alone near the center of the living room. His eyes were staring, out of focus, his face showed profound perplexity and his body seemed quite rigid. I advanced and greeted him, but he did not seem to see or hear me. Suddenly, his muscles stiffened, he swayed backward and fell at full length on the floor in an epileptiform type of seizure. Although dazed, he did not completely lose consciousness and got up within a few seconds. Physically, this man's condition was excellent. He had

occasionally approached me, trying to show, in a confused mumbling voice, that he was willing to do something, and seeming to feel that I wanted him to do something. His perplexed emotional state was largely due to an intense affective pressure (anal erotic) and the fall signified submission. He was several times caught in sodomistic submission to other homosexual patients.

The inference as to the significance of the moral fall will certainly seem unreasonable to those who have not made a *definite study of these particular phenomena*; hence, the following case is added to support the inference that such states of becoming "mentally thick," as Cases HD-4, PD-34 described their states, are due to the autonomic-affective influence of this form of erotic tension.

Case HD-6, a sailor, about twenty-five, had passed through a period of confusion with hallucinations. He was a dull, sluggish type of fellow who had not fared well as a sailor. He seemed to be dazed and sat about in stupid wonder at the behavior of the other patients. His face looked dull, congested, and showed no emotional response. No replies which were relevant to questions could be elicited. He persisted in complaining that on board ship he had not been considered a good fellow, and that now he wanted to do whatever was wanted. Despite efforts to divert him, when his genitalia were examined, he persisted in lowering his trousers, stooping over and turning his buttocks toward us. His mental state of being dazed and bewildered was quite similar to that of Case HD-5.

Case PD-34 (p. 526) protested for four years against the secret powers that took his "senses temporarily away" and forced him to submit to sodomy (segmental cravings within himself).

The fall, if in a proper affective setting in the dream and the psychosis, signifies sexual submission, and the convulsion, if it then occurs, seems to be the orgasm and is as genuine as if it occurred as the result of adequate irritations of the primary erogeous zone.

A big, uneducated Swede always greeted me with a smile when I arrived on the ward. If given an opportunity he usually asked in a smiling way, (a pleasure and not a hatred smile), why I wanted to hypnotize him. (I had no such interests in the patient.) These approaches were later followed by complaints of suffocation distresses and feelings of "dying." (See Michelangelo's "Capitive.") The climax came one day when I was on the ward. He

fell in a heap on the floor and "died." He had to be put to bed, and when I examined him he told me, with indications of no little pleasure, that I was causing him "to die." The erotic nature of the man's affective state could hardly be mistaken. A few days later he looked upon me with beaming pleasure and seemed to regard me with awe, as if the procedure had had some wonderful significance.

The above case was considered to be both oral and anal erotic and is presented to point out the significance of the fall and the "dying" in certain cases.

Case HD-7 was a boy, soldier, who, when a class in psychiatry surrounded him on the ward, became agitated. He had been in a state of protracted confusion and decidedly destructive for several weeks. He threw himself at full length, face down on the floor and wept violently, blurting something to "God" about having given up his "soul." His confused erotic state, was typical. Two days later some members of the class who were observing him, allowed him, upon his confused, stupid insistence, to enter the room of a sick man. With much confusion he tried to show affection to the sick man, exposed his penis and tried to undress. Such compulsions are common in this type of erotic state.

Case HD-8 was a sergeant in the army who resigned because he believed that the men were trying to induce him to submit to homosexual advances. When admitted to the hospital he was very erotic. When in the presence of patients or physicians he frequently accused them of trying to tempt him, even though no unusual demonstration of personal interest in him was made.

In the examining room he complained of the attitude of the physicians toward him and spoke of himself as being like Christ. When the physician handed him a pencil to write he refused it and accused the physician of having evil intentions because he handed the pencil to him with the sharpened end pointed toward him. He said the pencil should have been handed lengthwise to him.

Later, he again accused the physicians of having sexual desires for him, and turning his back, spoke of himself as being Jesus Christ and said to them, "Get behind me, Satan."

This anal erotic man was a constant source of dissension wherever he was placed. He had no insight, and was inclined to blame others for his difficulties. (In its mechanistic sense, this is of course true because his autonomic-erotic functions react to the

presence of certain types of men and he becomes embarrassed and uncomfortable, perhaps anxious, and if very erotic, may even become panicky upon loss of self-control.)

Case HD-9 was a patient on my wards in the Cleveland State Hospital. He was extremely untidy, would wear almost no clothing, or old torn clothing, leave his shirt and trousers unbuttoned, and keep the buttons torn off (typical costume of the anal erotic). He would spend hours at a time in the lavatory seated on the hopper. If the door to the toilet was locked, or he was prevented from access to it, he would quickly get into a panic and beg pitifully to be allowed to enter.

Defecation was the one grand pleasure of his existence. Most of his waking time was spent in making innumerable visits to the watercloset. The expression of his full, dull, apathetic face gave one the impression of stupidity and indifference to all other interests, and a marked dementia.

Case HD-10 is recorded because of the striking indications of unusual anal and nasal itching, her mannerisms, feelings of persecution, her intense hatred, cruelty and stealing.

She was admitted from a federal prison at twenty-three because of her violent temper and feelings of persecution by the prison authorities, who, she insisted, were plotting "to shoot her" and "cut her throat."

She was sent to prison twice for increasing the denominations of money orders. Her father and mother are reported to have been alcoholic and the patient has been a prostitute and an alcoholic.

Since her admission, her general attitude has not changed. Occasionally, she has made desperate attempts to carry out her threats to kill people.

Her general demeanor was most grotesque. She usually combed her rather short, curly, thick, shaggy hair so that it stood out from all over the head in great twining masses like the caput of Medusa. Her facial muscles were contorted in a snarl and she nearly always spoke with a high-pitched, sneering, mocking voice to everyone. Her nose was usually swollen, very red, pitted, and she habitually rubbed and picked it. The skin of the face around the nose was also congested, looked toughened, and her cheeks and lips usually were spotted with large acneiform eruptions.

She walked with stiff, deliberate step and was not inclined to

move out of the way for anyone. She dressed very grotesquely and adorned her legs with gaudy colored ribbons and strips of cloth. She often walked along with one hand on her buttocks, scratching herself, and frequently used the phrase, "Kiss my ass."

She never smiled, but scowled and frowned, rarely spoke except to swear and threaten. She was considered to be a dangerous woman, particularly homicidal. On one occasion, she attacked the nurse and attempted to stab her in the throat with a safety pin. One day, she smashed a window, crawled through it and jumped from the second floor to the ground to escape.

To bluff the nurses and physicians, she threatens in a hideous, sneering voice, "I'll kil—I you, I'll kil—I you! You don't believe it, do you? I'll crush your skull!"

Sometimes she viciously throws the furniture about to make a noise, exposes herself before the men passing the ward, spits at people and is a constant source of trouble. She is also inclined to be dirty in her toilet.

She accuses the girls of trying to assault her sexually and often threatens to protect herself. She is very erotic, and believes the nurses cause it. She has made no friends in a year and a half and still believes the authorities are planning to shoot her, cut her throat, hang her, etc.

This case decidedly demonstrates the *delight* in *cruelty* and *hatred* that may be shown by an anal erotic.

Case HD-11 was a newly enlisted seaman, age nineteen. When thirteen his mother divorced his father and remarried when the boy was seventeen. He could not adjust himself to his step-father who was an alcoholic. From his thirteenth to eighteenth year he was very restless, brooding, and dissatisfied, and unable to hold a position. He worked as a messenger boy and general helper until his eighteenth year when he hoboed his way to Florida (wandering hero).

Here, he enlisted in the navy, because he was destitute, and about one month after being placed on the training ship, he had to be sent to St. Elizabeths Hospital because of a serious dissociation of the personality. Physically, he was a well-developed healthy boy.

When he arrived at the hospital, he was disoriented for time and place, and could not tell how he had enlisted or give a satisfactory account of his last few days on the training ship. He

watched his environment with wide, staring, wondering eyes and seemed unable to comprehend the meaning of the behavior of the physicians and the patients about him. He talked in disconnected phrases about having seen "spooks" at home, "saw a dog" in his house and "heard chains rattling," which frightened him. He said he had seen his father or a man who "looked exactly" like his father. He said he "hugged the man" and the "man fed me and gave me some candy." He acted as if he believed he had seen his father and had a confused notion about expecting something further to happen in relation to his father.

On the ward, he would stand about in the way of the workers and seemed unable to comprehend what they were doing. He asked to be put "on shore" and seemed to feel that he was on a ship. He complained of being "all stopped up," that he had not defecated for "six days" and had eaten "the wrong food." He complained that when he tried to defecate something prevented him. He said the "boys call me chicken and kid me about corn-holing me (sodomy) and they call me shitpot." He was very suspicious of everyone and reluctant to tell me about his case. He was having auditory hallucinations and other vivid sensory disturbances. When asked, using his phrase, if he had been "corn-holed," he said not unless they had "chloroformed" him. He believed that this might have occurred. He admitted having had such sexual relations with his brother when a boy.

He continually felt of his abdomen and looked confused as if trying to understand some strange sensation there. The only explanation he would give was that he was "all stopped up." He almost continually fumbled at his clothing and tried to remove it, would open the buttons on his blouse, and when I told him to dress after finishing an examination of his abdomen, he partly dressed himself and then forgot about his unbuttoned clothing, but sat staring into space. When he was reminded of his negligence he showed a little surprise at his forgetfulness and buttoned his clothing further, but still left the buttons in front of his trousers open. This behavior was decidedly like the behavior of Case HD-6.

He was completely distracted by cravings to defecate and his tendency to keep his clothing open was concomitant with, and surely related to, his obsessions about defecation and sodomy, because they occurred in the same consistent affective setting.

He gradually became destructive, and on the fifth day, he

tore the pockets out of his trousers and worked for hours pulling out the threads of the lining on which *his name* was stamped, also rubbing the cloth against the furniture to erase the name, insisting that it was not his name (regression to the nameless, wandering hero).

Although he was given cathartics, he persisted that he could not defecate, insisting that some strange influence bothered him when he went to the toilet. He tried to trade his clothing for the clothing of others in order to get another name.

He practically tore the lining out of his clothing and ripped the uppers of his shoes into shreds so that they fitted his feet very loosely. Finally he traded them to another patient for a pair of old worn out slippers (typical behavior for this erotic type). He became very slovenly, worried about having been subjected to sodomy and his feelings of an enlarging abdomen. He walked so that his abdomen was protruded forcefully, a distinct effort to have a pregnant abdomen.

About the seventh week he talked a little more freely about his troubles. His memory was accurate for remote events and was more detailed for recent experiences. He was now oriented but had no insight. He performed the intelligence tests quite well, but complained that voices bothered him.

He said his own voice sounded queer. He frequently assumed the attitude of prayer, and said, "I wanted to get out of this building. I have been praying hard enough. I don't want to be drowned." He hallucinated accusations of sexual perversions, of raping his sister, being a spy, of having electricity shot into his body, etc., and insisted that he had been "nearly dead."

He complained frequently that "this patient in my stomach talks to me all the time and mixes me up. Water or something moves up and down in here [his abdomen]. It might be a rupture or something." He said it took him all over the country and showed him many things and talked "plainly" to him. He would not talk freely about it because it might get him into trouble. He seemed to believe that the feelings were the result of some form of pregnancy and explained it by "someone stuck a stick of dynamite in there," and stuck needles into his "back."

I happened to be sketching a man's face on a piece of paper and he burst out laughing. He explained that the voice said, "The face is more of a man than I am."

(The tendency to pull off buttons from clothing, to loosen, destroy and remove clothing, tear shoes into shreds and only wear loose, torn shoes or socks is apparently an effort to find and get free from the resistances to defecation. This is probably analogous to those Balkan women who open the doors and windows of their houses in order to induce an easy labor.)

He later felt compelled to remove his clothing and without explanation stood about naked. He persisted in fondling certain other patients and became extremely persistent in getting into physical contact with them. He had a particular attachment to another patient who had similar difficulties and frequently hallucinated someone trying to perform sodomy on him.

Four months after his admission he tied a rag around his left leg so that the band covered an old scar. About two inches above this he tied a very stout cord. After I had examined the scar he rebound the leg with the rag which he had ripped from the bottom of the white sailor's trousers he wore. As he replaced the bandage he labored and grunted and spat until he had it tied as tight as possible in order he said, "to keep the air out."

As he showed me the scar he explained that when seven years old, while whittling on a tree with his father's pocket-knife, he accidentally cut his leg. He said he nearly bled to death and now he believed the knife had cut a "leader," which has never been right since. The supposed defect of this leader he demonstrated with movements of his foot, as follows: "See! My toe drops and it drags around when I put my shoe on. It has never been right since. *It has been leading me around ever since.* I almost bled to death, and my left leg is weak. My whole left side is weak. There isn't enough blood in it." While he talked in this manner he manipulated his toe and spoke of its weakness, saying it had no blood. Almost at the same instant, as if the two subjects were intimately associated in his mind, he opened his trousers and drew out his penis, which was edematous and swollen. A deep groove around it showed where he had tied a string. He said he tied a "*green string*" around it the night before, "because there isn't enough blood in it." He talked of the penis as being weak, and when I asked about his testicles, he replied, "They are all right, if I have any" (castration).

All during the conversation he continued to spit over his right shoulder. When asked why he did this, he said that after he had

cut his leg, "everybody in town spit around everywhere and the whole town became dirty. Before it happened nobody was allowed to spit on the streets."

He interpolated the following remarks during the demonstration: "I guess the blood is still on the ground there. My father was good to me then [began to cry] and [pettishly] we had cows and chickens and turkeys. I was my father's boy. My brother got typhoid fever after that." He said he wanted to die and felt that his body was dying.

Referring to the cutting incident, he said: "I never grew up after that. I have had to lean ever since." (On the ward he is very fond of leaning against his chums.)

He talked about his father with deep sorrow, and tears came into his eyes. He said his father and mother were never happy when he was at home and always quarrelled. (Their separation and divorce was never adjusted to by him.)

The nature of this boy's affective disposition is to be inferred from his feelings about being pregnant, the result of sodomistic relations. Whether such acts occurred is not so important as the fact that the affective cravings have restored the hallucinated father to him and in the same dissociated, confused mental state he is pregnant as the result of a symbolical "stick of dynamite," needles stuck into his back, etc.

The lonely, unhappy father means the boy is lonely for him, and the submissive extreme to which his love has gone is evident from the vivid impregnation feelings. The loss of blood refers to his impotence, the voice in his abdomen said the pencil sketch of a man's face was more of a man than he was, and the tying up of the penis and leg were restorative attempts. The *green* of the string was probably a virility fancy, the edema enlarging the penis.

Fourteen months after his admission this boy had shown no important changes. No record of convulsions has been made.

The tearing off of all bindings and buttons from the clothes and shoes in order to have everything loose has been found to be consistently symptomatic of a certain type of anal erotic patients who seem (Case HD-9) to feel rectal sensations that presage compulsive defecation. Even though they are unable to defecate, the vigor of the sensory disturbances absolutely convinces them

that the crisis might occur at any moment; hence, they become uneasy when restricted.

Case HD-12, aged twenty-one, had served two years in the navy when he acquired syphilis and reacted with delusions of persecution which seemed to have an obscure foundation.

As a boy he had been indifferent in school and disinterested in his studies. At sixteen he ran away from home, inducing his parents to consent to his joining the navy.

Ten months after an infection of syphilis (no active lesions of the nervous system were indicated by physical signs or the spinal fluid), he complained of feeling weak, unable to work, and seemed to be confused.

Two months after the tendency to confusion began he developed a mental state which in its characteristics was not unlike an epileptoid confusion in that he showed no toxic symptoms, was difficult to control, could not be influenced, seemed to be disoriented and misinterpreted everything, apparently fearing that he was to be killed or subjected to a mysterious initiation which he could not understand.

The third month after the onset of the psychosis he was admitted to Saint Elizabeths Hospital. He called the physician "father," said he wanted to become "a priest," and from his behavior it was evident that the whole environment had been distorted into an initiation ceremony. He looked under furniture, behind doors, etc., for secret signs, and studied people quizzically, as if they had a mysterious significance.

His replies to simple questions were prompt, but very often irrelevant and incoherently broken up. When asked if he was married, he replied, "No, no, doctor; but my mother and father's married; but I'm not married." He seemed to think that he had been made a naval officer, and stupidly talked about himself in the third person, as: "[name], as they generally call me; he is good; he ought to be on one of the big ships; he's good; he's a good man."

He had no insight, was disoriented for a time, partly knew where he was but, when not stimulated by questions, lapsed into a state of mind wherein almost everything became misidentified, and yet he was able to take care of his personal needs.

He believed he had been given cocaine; heard voices accusing him of murder, masturbation, sodomy, and other misconduct. He

reacted to the erotic pressure by persisting in trying to prove himself to be innocent. He had the usual beliefs of being subjected to electrical devices, etc., etc.

Much of the time was spent in kneeling, praying, and crossing himself, because he thought he had been chosen a "son of God." He thought the sodomistic subjugation made him *impotent*. He paced the floor, held his head and wrung his hands, but not in true grief. His eyes were decidedly uplifted, and his facial expression was the classical crucifixion type. He said he dreamed the sky was full of floating angels but he could see only their heads and wings.

He delighted in confused castration fancies. "I told them [voices] to cut me open and take my balls out. There are a lot of women inside who want to throw a child over on the navy. *I am a pretty good fellow, but I don't want to take men.* I am different than all the men in the world. I am in all the lodges. [Weeps.] I'll get married if you say so." He frequently approached a physician to say, as if it were expected of him, that he would never get married.

This was only intelligible from what followed in the sense that he was resisting his feminine cravings to marry a man.

He always slept in a corner bed, with his back to the wall, and watched the men so that they could not secretly perform sodomy upon him while he slept. He had a characteristic walk, passing along through the ward for several steps, then turning to look down close behind him, as if sensory disturbances made him feel that someone was approaching him. Such back and anal sensations persisted more or less vividly for about ten months, as his behavior indicated.

One day he approached me asking if I were a detective and adding. "I am carved from here to here." (Passing his hand from anus to scrotum.) He further added that he had difficulty in passing feces and was "all choked up." During most of this period, frank sodomistic interests and fancies occupied his entire time. He could not be interested in anything. Although he was tractable and almost "harmless," he occasionally got into fights with those whom he suspected, and he seemed to enjoy his bruises.

Whenever I met him on the ward he would come up to me, grinning and shaking his head oddly, to say that he was not sure that anyone had performed sodomy on him, but that he would watch out for them. He frequently said, "I guess I just imagine

it"; then doubtingly, "But I don't know"; "I'll watch out for them." With this he usually walked away smiling and pleased.

During this long period the affective cravings worked up into several crescendoes, and during such states he was wholly disoriented, confused, went about, characteristically, with loose, unbuttoned clothing and torn shoes and had to be isolated because he removed his clothes. Also, characteristically, he made love to a patient having similar affective interests.

This man's cravings are to be regarded as unchangeable. Tattooed pictures on his arms revealed the fixed nature of his affective make-up. They were done in red, black and green. On his right arm, upper, were a large flag, shield, eagle, and sun rising out of the waves, and on the opposite side, a setting sun. On the lower right arm were a crucified Christ on the cross, a double shamrock and a large dagger passing through a bleeding wound. On the lower left arm was the bust of a sailor, shield and anchor, and an anchor with sailing ship, wreath and flag. Most of these were symbols of his patriotism. The crucifix pleased his crucifixion cravings, and the dagger in the bleeding wound also satisfied his masochistic anal erotic cravings. (He described his anus as being widely "split" open.)

During his less confused states his conversation ran about as follows: "Eckinrode's horse—it got out in the night and something happened to it, and I am like that horse [centaur] \* \* \* I got so low down I didn't have anything until I came out of my mother—they can crucify me if they want to—they can fool around and fool around, and a Chinese woman can have a Chinese baby in two weeks—I guess they'll make a Chinese baby out of me."

Nineteen months after his admission he was discharged as improved upon the request of his relatives. He was in excellent physical condition, regarded his difficulties as "imagination," had very little insight, showed no tendency to irresponsible behavior, was decidedly indolent and useless. He was, however, *neat and courteous*.

The probable outcome of such cases as the above, because of their great unlikelihood of finding a satisfactory environment, may be inferred from the career of the following man:

Case HD-13 is a Russian Jew, a peasant, who immigrated to the United States, at the age of ten. Illiterate, wanderer, soldier, unmarried; psychosis began at twenty-four. Twelve years after

his second admission the following behavior was observed. (The second admission was made three months after his discharge as improved after a four months' confinement during his first psychosis.) He is well oriented, with memory accurate, considerable insight, an incessant reader, lazy and irritable. He prefers white shoes to black and will not wear black ones if he can avoid it (Case MD-11). Keeps his shoes unlaced, clothing loose, unbuttoned, torn, suspenders hanging down, trousers half-unbuttoned, belt loose, pockets full of debris and papers for which he always has some plausible use.

He is very irritable, quarrels a great deal, often injures himself when he gets angry and has made innumerable half-serious attempts to commit suicide; threatens to do so openly, and yet states that he hasn't "nerve enough." He has often cut his wrists with pieces of glass, cut his throat, and tried to hang himself.

He says he "masturbated to kill himself," and complains that when patients "sneer," "sniff" or "cough" at night it hypnotizes him and makes him masturbate. In a recent conversation about his difficulties, he said that when he worked in the laundry and had to handle the sheets he thought about what was in the sheets and "everything got yellow" and it made him weak. He went on to say with this, that he had seen his grandmother sharpen a candle and insert it into the rectum of children when they were constipated, and his mother made a paste of mud and urine when he stepped on a nail and applied it to stop the bleeding. (Here were vivid impressions of childhood related to the difficulties which followed.)

He complained in this same trend of conversation that one patient used to excite him by blowing on his arm with his mouth against the skin, imitating emission of gas from the rectum. Another fellow excited him by sniffing and hawking. The yellow color of the wall on one ward "affects" him so that he has to insert his finger into his rectum, etc.

There is here a distinct relation in his loosened, slovenly clothing, hoarding debris, and torn loose shoes, to constipation, rectal sensations and excitement when patients sniff (odors).

He complains of being hypnotized and rendered helpless by others, and when he feels such influences he gets wildly excited and threatens to attack his persecutor.

Case HD-14 is a young man, aged twenty-two, unmarried, who has been having grand mal attacks since seventeen.

The personality of the father in this case was clearly a determining influence in his son's life. He was a "literary man"; although comfortably established financially, he was extremely stingy, dressed shabbily, and was decidedly careless about his toilet, apparently deriving considerable pleasure from slovenliness.

On the other hand, his religious enthusiasm was excessive in its zeal and most dogmatic. His fervor was born of *hatred* of all that seemed to him to be evil, and a few minutes' conversation, in which he freely expressed his fervid religious convictions in the presence of his son, thoroughly showed what a profoundly repressive influence they had subtly exerted upon the son (causing involuntary tremors in the boy's face during the conversation) under the disguise of Truth, God and Religion.

The fearful boy had conscientiously striven to suppress all overt sexual interests on the one hand, and on the other, he assiduously responded to his father's appeals to aggrandize God, righteousness, etc.

The patient was the overly petted "baby" of the family and learned to regard his father with great fear and reverence.

As a child he was inclined to play alone and rather timidly joined in play with older boys. In school he was "bright," and usually attended classes a year or so ahead of his age. At thirteen he had "strange sensations in the right arm."

All overt sexual interests characteristic of the average boy were denied. He insisted that masturbation had never occurred, and that he never listened to the "smutty" stories and jokes of his playmates.

He became decidedly out of touch with his companions, and, because of his resistance to their sexual curiosity he was considerably ridiculed.

He graduated from high school a year earlier than the average age and entered a university with ostensibly bright prospects, but was decidedly a self-suppressive, socially eccentric youth who found the average social interests of college life to be "shallow," irreligious, sinful and unattractive. He did not realize that this was due to his training, but egotistically considered it to be due to the inferior interests of his associates.

An older brother, a much more congenial personality, whom

the patient tried to surpass as a student, became, probably because of his merits, the pride of the family. The patient had always tried to surpass him as a student and in religious fervor, but in the first year at college he began to lose interest in study and seemed to suffer excessively from homesickness (regression). Among the embarrassing, urgent problems to be met at this time was the interest of a schoolmate who persisted in showing a personal attraction and expressed a desire to sleep with him. This boy's interests were coarsely sexual and caused considerable excitement for the patient. No overt sexual behavior transpired, but the affair increased the guilty unattractiveness of the world.

The first serious convulsion occurred about one month later (aged seventeen), but *apparently* had no especial reference to the behavior of his companion. The convulsion started significantly with the cry, "Oh! mamma," and developed into a grand mal type. It showed, decisively, his affective dependence upon his mother, and may be regarded as the turning crisis, marking the renunciation of the world and the beginning of a pernicious regression to the mother.

Collegiate interests became burdensome and, after two years of struggling, he returned home to regress gradually into more and more of a "baby."

The convulsions increased in frequency and general severity, occurring more frequently at night. They were often accompanied by periods of confusion lasting from several hours to several days. Confused periods also occurred without convulsions. On one occasion he found himself wandering at night several miles from his home on a country road. He could not recall when he started or how he got there.

Four years after the first convulsion, in one period of confusion, he believed he was Christ, the Son of God and a Redeemer. He assumed "queer" attitudes, removed his clothing, and talked about "doing something, accomplishing something," and broke up some of the furniture in the room.

He progressively became more irritable, violent, obstinate, petulant, selfish and egotistical. To his father, who sternly commands him during his confusions, he meekly submitted.

The frequency of his convulsions varied from one a week to one a day or so.

Five years after the onset, aged twenty-two, he had become

very egotistical, uncongenial, irritable, suspicious, was unable to take part in conversations or social interests, had to be petted and condoned, regarded all general interests as a waste of time, and spent most of his time in day-dreaming. He talked in a very slow, labored manner, that made one wonder if he would be able to finish his thought, expressed himself emphatically and unshakably, believed that he was "divine," and had a sublime mission on earth.

He did not wish to be considered as having a mental disease, but only consulted physicians because his father insisted upon it.

As a subject for psychoanalysis he was inaccessible because he insisted in devoting all of his time to the discussions of the divine personal state that he had reached. During one play at discussion, he said with profound sobriety, "This thing will kill me or I will be God."

He was in love, he said, with a neighbor's daughter. She was then twelve, but he would wait for her because by her ways he could tell that she loved him.

Since I never saw him in a state of confusion, a description of his behavior and an inference as to the nature of his affective striving under such conditions can not be given. But, from his anger, suspiciousness, and determination to protect himself, it is obvious that he becomes *afraid* of some craving or influence.

He learned to speak of himself as becoming a divided personality during these attacks. Like all such cases, the source of conflict and fear was in himself, and his repressed affections persisted in trying to do something that made him fearful of the consequences and responsibility. What they persisted in doing may be inferred from several dreams and a comparison of his symptoms with those of similar, more accessible, instances of behavior. (The above group of cases, however, is not truly epileptic although related in certain fundamental cravings.) He frequently dreamed about privies and his father or some friend of his father meeting him there.

A most significant dream was the following: It was Sunday (God's day) and he was driving an auto with his mother as a companion (he had never driven an automobile) and they were passing along an asphalt street. He became aware of the presence of a large hole in the asphalt on the right side of the street. In the hole lay an old, dead mule that "looked more like an ass

than a mule." This seemed to stop his machine, but his friends appeared to pass "right on over the mule giving me many unavailable suggestions." (The analysis, which aroused the patient's indignation, showed its importance, when to "asphalt" the patient associated "ass felt," and to the mule in the hole, "ass in a hole," then "ass hole.")

The dream continued: Finally a young lady (with more money than she needs) suggested the street cars and we started home. She pulled out a purse with ten times the cash I had. I refused to accept her offer until the whole party placed itself, individually, on the level with the dead mule which was left some ten blocks behind.

The patient's difficulties with money (father's penuriousness), and his mother-attachment (the two, together, in the automobile), and the infantile affective pleasure in the anus, which he could not pass over (repress) as others had, seemed to be extremely pertinent revelations as to the nature of his repressed affective cravings. He could not accept the social and sympathetic interests of his friends until they met him on the level of anal interests (ass-in-hole), because he could not understand them. The above dream, he thought, was accompanied by a mild convulsion.

Later, he dreamed while sleeping with his mother that his mother was "tickling" his anus. He said he "suffered painfully," and yelled out, "G— damn it! Mother, why don't you quit tickling my ass?"

Upon another occasion he dreamed that his mother took a small dose of powder, after he refused it, "just to see the effect."

He related numerous other dreams, some plainly sexual (masturbatory only); others more obscure, which were not apparently associated with anal and fecal interests. The above quoted dreams, however, have a vastly greater significance in their setting of repressed, uncongenial, extremely egocentric, affective interests, than they would have in a personality having extensive affective interests in earning a living and making others happy.

His *suppressed hatred and jealousy* of his brother and father prevent him from becoming a frank competitor for his mother's love by working for it. He, however, takes a short cut to grandeur by becoming a zealous Son of God (outdoing brother and father), and creates his own world in which he enjoys the petting

and fostering of his mother. At twenty-two he still slept with her, justified as an invalid, helpless boy.

The convulsions often began with tingling and jerking of his right arm, and by vigorously rubbing the arm the progress of the attack was sometimes checked. Such arm symptoms are, as is well known, extremely frequently an expression of repressed masturbation functions.

The patient's penurious, hoarding interests were nicely illustrated by his notebook in which he recorded facts about his thoughts and behavior. To it, he had tied a pencil with a very clumsy excess of string which he laboriously wrapped about the pencil and tablet, each time he finished a notation (hoarding).

No important physical defects, that could be related to his disease, were found upon extensive, highly specialized, efficient examinations, except that he had the fat, stuffed, dull face of the advanced epileptic.

His mental labors show a decided deterioration of spontaneity and efficiency, and a growing concentric affective restriction upon himself.

His symptoms indicate that, eventually, he will become God and the Universe at the total loss of everything that makes life worth living.

Case HD-17 was a salesman of mediocre ability and very much inclined to shift from one position to another. At thirty-six he had "typhoid" which was attended by a psychosis of which no satisfactory account could be obtained.

At forty-one he was admitted to Saint Elizabeths Hospital because of feelings of being persecuted which were reenforced by well-systematized delusions of a bizarre nature. He believed he had been "overcome by the heat" on July 4 (year of his admission), and dated his troubles from that experience. Upon his admission he tried to justify his feelings of being persecuted by a very lengthy, detailed, involved discussion which was constructed out of fantasies. The principal feature of this system was that a detective watched him because he owed money.

In a general sense there was no impairment of his mental faculties unless prolonged, accurate coordination was required.

About one month later he admitted auditory hallucinations and thought "the whole world knew everything" by means of a fancied recording dial in the superintendent's office. He was very

suggestible, and laughed or cried frequently about his troubles. He devoted most of his time to delivering orations from the veranda, lecturing on "any subject." Electricity was played on him and he became "the Son of God on earth" with unlimited power and ability as the mouthpiece of God. He coined many words and preached incessantly.

Seven months later he said he must have been "very crazy" in the past and tried to explain the most common of his original words, such as "telephonalizations," as analyzations of wireless and telephonic communications, and "vonedating," as telephoning from the soul which had been ignited by electricity and voices that were located in his abdomen. He secretly tried to remove the voices with a mustard plaster, producing a severe blister.

His insight into his condition was about as follows: "About a year ago I became voiced. I had a crawling, nagging or eating sensation about my navel which was very annoying. I thought it was a tapeworm. Later on I was standing waiting for dinner and something crawled up from the floor and took full possession of my person and I felt as though the voice came out. My mother always called me Willie and it said, 'Is this Willie?' and I said 'Yes.' It said, 'You know who this is?' and I said, 'No.' It said, 'This is Jesus Christ talking to you.' I kneeled right down in the hall. It was a very exhilarating feeling. And then I went to dinner—then the voice came out in full, saying, 'This is my beloved Son, Jesus Christ,' and this took me from the table. After a test of faith this voice cussed me and called me vile names because I would not pray every second. The voices would say, 'That is an evil thought and I am going to punish you for it.' Then they would shock me with electrical strokes. These nearly tore my insides out. They worked through the rectum, privates, eyes, nose and the organs, also the veins. I believe the blood is carbonated in the glands just like carbonated water, and if kept up will cause mortification of the human body."

He never doubted the reality of these sensations and constantly begged for treatment. He was quite suggestible, well behaved and not destructive. At the end of the third year he eloped and succeeded in maintaining himself fairly well for nearly one year when he was readmitted upon his own request.

He discussed his condition this time as follows: "When I was here before my head cracked, my ear bones rattled and they

were all dried up. I asked Dr. S— if I could drop olive oil in my ears, and by Jove it cured it. I keep a little olive oil at home. I decided to get some tallow and I made a cake and put it right here [epigastrium]. I believe the soul is right here and I believe it helped. The devil is using the “fridation” process on me and it constitutes the drying up or waste of the anatomy of man; sapping the life out of him—the *germing* cells are cut down by the magnetic influence in the blood and it dries up the life cells.” (Oils as semen.)

(This was definitely related to his sexual impotence and feelings of being castrated. He used oils to cure himself and restore the losses due to “fridation.”)

This patient’s solution of his difficulties was made along the following lines. “I believe honestly we have the devil right in us. We are double. When the devil becomes overmagnetic we fall insane. I am not properly balanced, but I take care of it like you would. After two years and a half *I struck a refined intellectual atmosphere* to go on and make the best of it and death would solve.”

Since this second year of his second psychosis he has maintained an atmosphere of personal aggrandizement and talks with an affected enunciation. During his second admission he also had feelings of infidelity about his wife, and he wrote numerous letters charging her with being pregnant and later spoke of her as a poor little girl “crucified” by a scoundrel.

Eighteen months after his second admission and nearly six years after the onset of his psychosis, he has made a fairly comfortable adjustment to his difficulties. He reasons that “the devil” causes his persecutions, and by turning his mind along “refined” channels of thought he has improved considerably. He is congenial and ostensibly interested in his wife. He is, however, lazy and seems to have difficulty in working steadily, usually requiring tonics and a man’s sympathy.

He gives the impression of being harmless and one feels no difficulty in talking freely to him about his problems. Hatred is not evident in his reactions, but he is too suggestible and plastic in his adaptations to assume responsibilities and readjust.

Another patient, who passed through a psychosis and panic because of fear of being destroyed and sexually misused, finally recovered and returned to work. A few years later he vol-

untarily sought admission to St. Elizabeths Hospital. He said his genitalia were disappearing and his rectum was changing into a vagina. He was decidedly pleased and lived his belief, devoting his time to erotic fancies about his hermaphroditic nature, not caring to return to society, but probably better pleased with the men on the wards.

Case HD-16 was a soldier, divorced, alcoholic, and a hobo. His left eyeball had been enucleated, left face badly scarred and right arm amputated in accidents.

At one time he was a well-developed man with masculine features and resonant voice.

He was sent to St. Elizabeths Hospital because of his unfitness to remain in the Soldiers' Home. He says: "I represented the Spirit of American Service, the Navy Service and the Department of Justice, through a method of transfiguration, the purity of the Church represented in it." (Grand compensation.)

On the ward he often shouted "get out of my stomach," and rubbed his left hand on the right side of his abdomen. When asked about the trouble, he said it was a "composition put in by magnetism through a transfiguration," and "a divorced woman, a whore," is trying to get inside.

He said he had been bothered considerably more than usual in the past ten months or year. He earnestly asked the physicians to feel his abdomen and note the movements in it. Sometimes he insists that there is something "alive" in his "stomach."

When the remark was passed that ten months was a long time to carry anything there, he looked decidedly pleased and smiled effusively. When asked how he acquired it, he threw back his head and looked upward and smiled knowingly (as if it came from God).

He will not frankly state today that he is pregnant, but he is pleased by such fancies, and characteristically rubs his abdomen. While making this note he suddenly denounced in vigorous language the "divorced whore" who is trying to get into his abdomen.

Dissociated anal erotic cravings do not always cause a progressive deterioration of the personality, even though they cause intense hatred and violent outbursts of rage.

Case PD-32, a strong, healthy, well-developed, energetic, unmarried woman of thirty-six, rather suddenly developed halluci-

nations and delusions about a religious initiation which were attended by considerable excitement. The tendency to an affective dissociation had been developing for some time, but the crisis did not occur until the day previous to starting on a vacation, which was looked forward to with considerable feeling, because of a secret liaison that was to occur with it. Then followed a year of sexually indulgent fancies in which she cohabited with Christ, God, was taken through "the Holy Land," was persecuted and tortured, "skin turned to rubber," insides were removed, saw the world destroyed, etc. She finally adjusted with a fixed conviction that an older sister and her husband had discovered a mysterious means by which, in disguise, they had opened up the ground under the surface and, following her about wherever she went, subjected her anal-rectal and vaginal tracts to incessant tortures.

For four years she has resorted to many wild schemes to insulate her pelvis from exposure to the tortures, and spends hours literally damning and berating with vulgar epithets this sister and her husband who would make a prostitute out of her. She has frequently inserted her finger into the rectum to find out whether or not it has been destroyed, sits on her foot to insulate it (Case PN-7) from contact with the furniture, and begs daily that the government will dig down into the earth and remove "Sharewould" or "Cherrywould" and his wife and destroy their instruments with which they make her suffer "hell on earth."

Besides the persistent anal and rectal sensations, she has also vivid auditory hallucinations of this couple taunting and sadistically torturing her. She has attempted to commit suicide and pleads pitifully to be cremated when she dies so she will not be tortured in her grave.

Despite this, she is neat, clean and an excellent worker and during periods is pleasant and sociable. There has not been the slightest change in her case within the last four years. That the anal sensations are secretly pleasing to her is indicated by the unusual attentions she gives to her defecation, and, previous to the psychosis, her practice of cleansing her mouth, taking a purgative and then following it with an enema.

This woman is not inclined to indulge in play and does not show the hebephrenic pleasure in destruction and waste which self-indulgent patients of this sort show. Daily she submits to the "hell" and lies on her bed, cursing and weeping, and talks

back vigorously to the voices of the two people while they subject her to tortures of her pelvis and throat. This is so vivid as an experience that she can not differentiate it from the persistence and vividness of sensory disturbances caused by external realities. She regards another woman who makes similar complaints about her father being under the ground, etc., as insane.

### Summary

The hebephrenic type of dissociation of the personality, like all dissociated states, is due to the affective cravings working for certain types of stimuli which they need and conflicting with other cravings which try to do something entirely different to obtain gratification. The *ego* that wishes to develop itself, work, win social influence and esteem becomes depressed and lonely through fatigue, lack of affection, and a sequence of painful experiences. During the period of retraction and loss of initiative the repressed segmental cravings dominate the personality and are regarded as a foreign influence. The dissociation of the *ego* and self-control enables the perverse affect to urge the behavior that pleases this affect most; hence, the *ego* becomes helpless and is swept into a world of infantile dreams and anal erotic play. The repressed segmental cravings may then seek for what please them most. Since they seek what they have been *conditioned* to need through the pleasant experiences of infancy and early childhood, they tend to restore the ancient experiences in imagery. Hence, the levels to which the regression occurs and the degree of the dissociation largely, if not entirely, depend upon the stage of the growth of the personality when serious affective repressions began to be made and what tabooed objects and sensory zones are especially craved.

It is natural that, if a large proportion of the affective cravings of the personality are fixed upon infantile or perverted interests, the personality will not be able to adjust comfortably to the customs, requirements and objects which society demands should be used by the matured of the species in order that the sex-gan to be made and what tabooed objects and sensory zones are especially craved.

The rampant vulgarity and destructiveness of the hebephrenic are, with astonishing frequency, concomitant with, hence, probably

urged by, the same affective cravings. Predominant anal, fecal, urinal and sodomistic interests are characteristic of children and immature apes and monkeys. The diagnosis of this biological state of the genus *Homo*, when well defined, can often be made on sight.

The typical hebephrenic type of dissociated personality is to

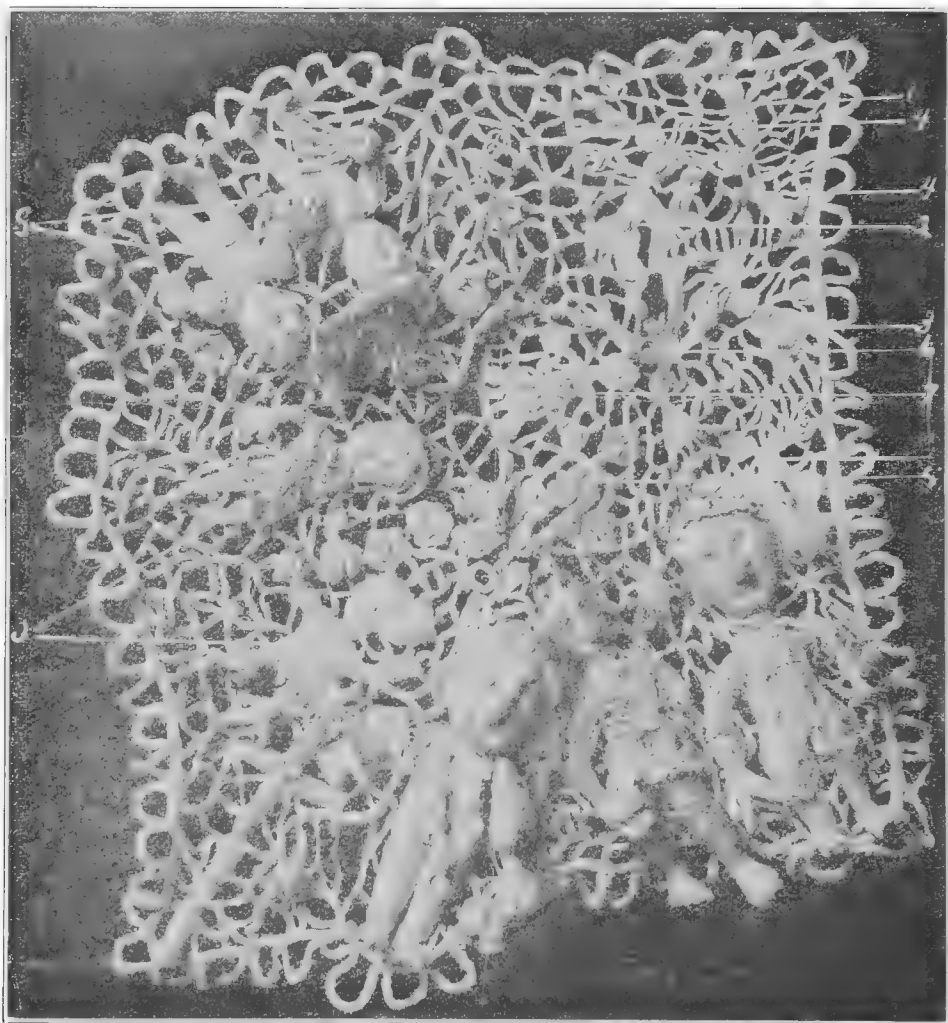


Fig. 67-A.—Crochet work of patient having a preadolescent incestuous attachment. Through creating such fancies of herself with her parents and childhood surroundings she restores images of past experiences which aroused and gratified the affect. Dr. Arrah B. Evarts reported this creation in *The Psychoanalytic Review*, Vol. v, No. 4, showing the significance and affective value of the figures and details. (See also Fig. 67-B.)

be differentiated from the typical catatonic and paranoid types in that during the psychosis there is little or no interest in returning to a mature level or in earning social esteem by doing socially constructive things. This feature, however, is not so consistent, as a characteristic, as the gross preadolescent and infantile forms of play which they indulge in. The prognosis is usually

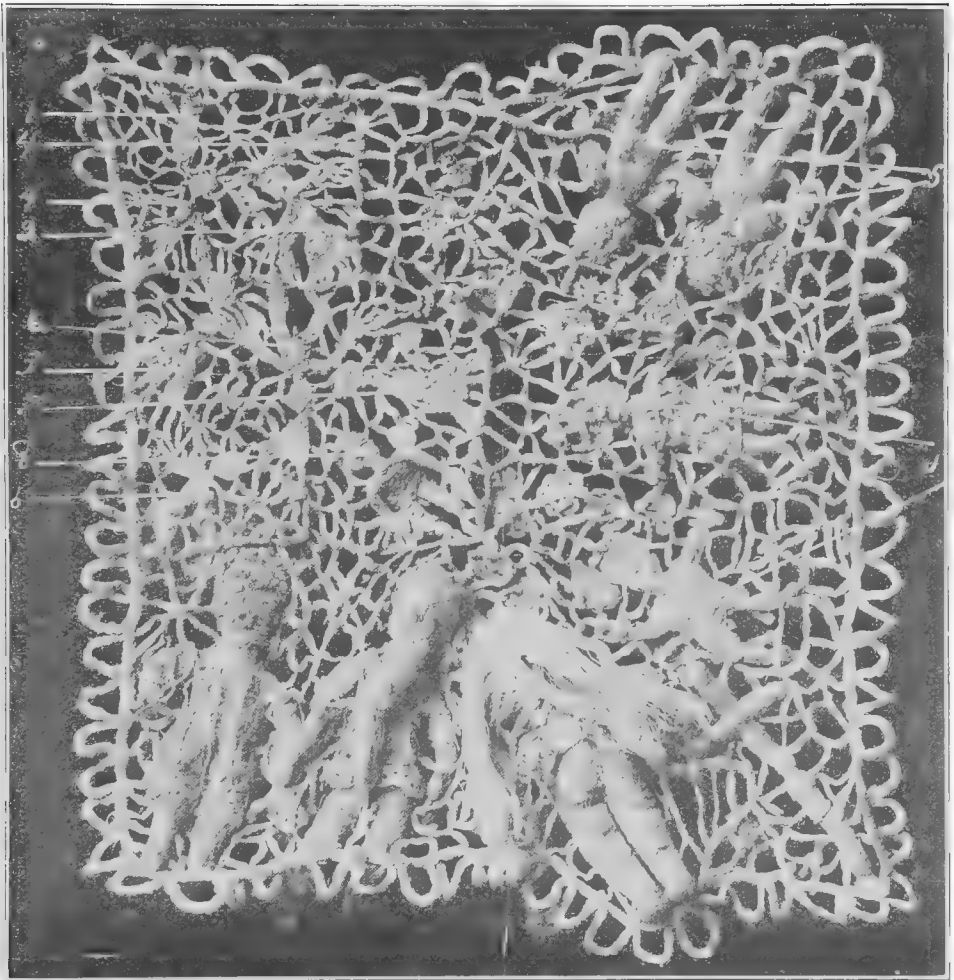


Fig. 67-B.

poor because the autonomic-affective cravings would rather remain infantile than strive for the responsibilities of maturity. They tend again to regress to the hebephrenic level, after having

temporarily resumed an interest in earning a living, and the second regression, if not the first, is usually permanent.

*The anal-erotic patient, when giving vent to his pleasures, is far more destructive than the oral erotic, and this destructive-*



Fig. 68.—Regression to infancy, thereby escaping the trials of an unhappy marriage and the responsibilities of raising her family.

*ness, when not used as an intimidating defense, is an important diagnostic symptom.*

The anal-erotic mysophobia, presented in the chapter on the psychoneuroses, showed that anal eroticism, when it causes *fear*

and no dissociation of the *ego*, may become the foundation of a compulsion to cleanliness. Miserliness is a compensatory defense against the fear of food poverty.

The behavior of the anal-(rectal?) erotic patient is characterized by the fact that he is not only unable to control his thoughts and loses his powers of adaptation and social orientation when the affective pressure becomes too vigorous, but certain very characteristic adjustments are made which seem decidedly different from the oral-erotic patient's. During an intense emotional conflict an individual's capacity for adaptation and orientation is greatly reduced; hence, confusion is only a general characteristic of affective conflict, but the particular acts, which the uncontrollable anal erotic persists in doing, are highly indicative of the nature of the craving.

The anal-rectal erotic persistently destroys the binding appliances of his clothing and shoes (as buttons, ties, etc.), removes his clothing, loves debris and filth, and his face assumes, for prolonged durations, the dull perplexed, often congested aspect of defecation strivings. He usually has marked submissive, sodomistic interests in the "father" or a substitute (in one case a grandmother), and the defecation is frequently treated like a creation or parturition (Cases HD-11, PD-17). Not infrequently, the condition is attended by grand mal types of epileptoid convulsions which occur during the perplexed hallucinated erotic state of mind, and the patients complain of becoming "mentally thick," "senses taken away," etc.

It is possible that some of these cases are truly epileptic in character, or better, that some cases of idiopathic epilepsy, so-called, belong to this group, as case IID-14 indicates. This possibility is certainly worth extensive psychopathological research.

## CHAPTER XIV

### RECONSIDERATION OF THE CONDITIONED AND RE- PRESSED AUTONOMIC AFFECTIVE DETER- MINANTS OF ABNORMAL BEHAVIOR

Anyone, who is seriously interested in human behavior and its normal and abnormal, or social and asocial, variations, upon reading the difficulties and struggles of the cases discussed in the preceding chapters, will see the necessity of formulating a conception of the forces of the personality, which will enable us to deal intelligently with the variations of behavior that may occur.

The conception that all affective cravings (all emotions, wishes, feelings, sentiments) originate in the peripheral sensations caused by muscular tensions and vascular tumescence, or detumescence, in different segments of the autonomic apparatus, gives us an insight into those functions of the personality which are fundamentally and intimately related to metabolic changes and organic structures. These affective-autonomic tensions or cravings, constituting the *wish to do, to be, to have*, etc., compel the organism to expose the favorite receptors of the craving so that they may receive from the environment those stimuli which have the quality, through counter stimulation, of arousing autonomic reactions, which, in turn, *neutralize* the undue autonomic tensions and restore a state of comfortable autonomic tonus. Through this principle, the constant tendency of the everchanging environment and metabolism to cause a state of autonomic tension and unrest is relieved, more or less, by a compensatory effort to reestablish a state of autonomic comfort.

This gives us a *working* conception of the principles upon which, and the forces out of which, the personality is constructed. The personality's intricacy and variability are accounted for by the manifold segmental cravings which are all active at the same time, one or several dominating now, and others surging into dominance later: some struggling to get into contact with the environment, and others struggling to maintain an established contact

and trying to keep repressed the antagonistic cravings so that they can not interfere with the use of the projicient apparatus.

From birth, the autonomic apparatus, having been forced to abandon its parasitical attachment to the mother, begins its struggle of coordinating its projicient (skeletal) apparatus into an efficient instrument, with progressive refinements of self-control and skill of adaptation, in order to keep up with the standards of its rivals and the race. Upon the nature of the skillful coordinations and the *conditioning* of the cravings depends the existence of its biological potency (of social influence and fitness, commercial or professional prowess and sexual power).

The inherent capacity of different autonomic segments (gastric, cardiac, etc.,) and of the affective cravings (as food-hunger, fear, anger, etc.,) to react at first to primary stimuli and then become *conditioned* to react to associated stimuli, rapidly trains the personality to develop special acquisitive and avertive tendencies toward different objects and customs in society, literature, commerce, art, science, religion, mating, etc., etc.

The *conditioning* of the autonomic apparatus to react so as to produce pleasure-giving sensations upon the acquisition of certain classes of stimuli, and unpleasant sensations upon being exposed to the presence of other stimuli, is the very foundation of the differences in interests and aversions that are to be met in everyone. This inherent attribute of the autonomic-affective apparatus, in relation to character formation, places an enormous responsibility upon *experience* and *education*, and emphasizes the most important problem of all, *the influence* of the family, the school, the church and community upon the biological forces of the personality. The reading of the preceding cases makes one seriously doubt the fitness of the present educational system and its puritanic ideals, the present expositions of religion and social law, and of the average parent to train a child, so that during maturity the individual will have sufficient affective vigor to maintain the state of *virility, goodness and happiness* despite the stresses and worries which attend responsibilities and competition.

When any of the different autonomic-affective cravings become conditioned so as to need certain stimuli to be applied to certain sensory zones, constituting interests that are *perverted* or *asocial*, then these cravings become a serious, if not a grave, menace to that personality and even to the race. When such

cravings become overstimulated and uncontrollable, and, because of their vigor, or because of the weakness of the opposing, controlling wishes of the *ego*, due to fatigue, discouragement, toxins, etc., then the personality faces a crisis: grave, often, because the cravings, which are urging the commitment of perverse or dangerous acts, are jeopardizing the personality's social fitness. The individual, horrified and fearful, struggles desperately, eccentrically, even frantically against this endogenous force. It is not surprising then that the pelvis and the devil are so often believed to be allied as one, and that this uncontrollable craving is regarded as a foreign influence, a hostile, hypnotic power, threatening the peace and safety of "the soul," which is secretly introduced into the personality through the diabolical schemes of a secret society, an associate or a parent, and must be eliminated or destroyed at all costs. The *fear* and *anxiety*, which the obsessive craving causes, may become intolerable. This *fear* is not a strange or unexpected freak of evolution, however. It is obvious that humanity, by becoming *afraid* of and *hating* biological inferiority and perverse waste, succeeded in avoiding it best. The individuals who procreated young naturally trained them to approximate most nearly such requirements as contributed most to the further development of the race, by their example and affective influence. Thereby was fostered the tendency to become apprehensive of biological perverseness and to regard it as an inferior attribute in an individual, because it tended to mislead the resources of the race. That the failure of an affective craving to acquire its needed stimulus should arouse uncomfortable autonomic tensions and sensations was the sole means the autonomic apparatus had of compelling the proficient cellular masses to work, endure fatigue, pain and destruction in order that the autonomic craving might be relieved. Those individuals, who do not feel uncomfortable when the craving is not gratified, naturally become careless and retrogressively less able to compete with the sensitive members of the herd. In turn, they become isolated and tend to die off without procreating or raising their young.

The general method of controlling a perverse craving or inferior attribute is to get as far from it, *as a cause of fear*, as possible; hence, tend to develop opposite interests. The asocial or perverse craving, as a functional inferiority, must be *compensated* for in some manner in order to acquire sufficient social esteem and

social influence to feel safe. This is natural and invaluable. Throughout animal life we find that inferiorities, organic or functional, due to disease or injury, have to be compensated for at a level far too deep to be considered to be instinctive; as in the development of antibodies to counteract infection, phagocytosis, cardiac compensation for valvular deficiency, muscular hypertrophy



Fig. 69.—Masculine compensation in a woman. Following the mother's interference with her mating she developed a psychosis in which she solved her unhappiness by becoming male, the priest of an elaborate new religion and philosophy. Her attitude is that of aggressive homosexuality. She made the costume.

to compensate for fatigue, or hunger to compensate for the deteriorations of metabolism. Similarly the autonomic compensations (adrenal secretion, adequate vasomotor changes, glycogen in the blood, increased cardiac rate and systole, and appropriate motor tensions) occur reflexly, preparatory to attacking the cause

of fear; as bluff in the face of danger (the arched back and erect hair of the apprehensive dog or cat, or the loud profanity of the bully), the creation of machinery to compensate for physical inferiority in our competition with climate and space, or with an enemy: producing out of Demosthenes, the stammerer, Demosthenes, the orator.

Physical competition in battle, games, mating, commerce, tends to reveal the relative inferiorities of the competitors as well as their superiorities. The presence of an inferiority, organic (as color) or functional (as stammering), requires either an adequate compensation or a withdrawal from competition. In commercial and political struggles for social esteem and social influence a tactful withdrawal is often more practical than a fight to the finish, but in mating there is but one solution, either win or lose the love-object. Naturally, also, the presence of a pernicious fear, while competing for a mate, is in itself an inferiority and exposes the individual to severe tests of self-control. If the foundation of the fear is a specific functional inferiority, as autoeroticism or homosexual perverseness, or incestuousness, or a criminal record or scheme, the competition for the mate not only necessitates unusual compensations, but also concealment of the inferiority, and even repression of an adverse craving, so that it can not cause awareness or consciousness of its presence. This repression of the perverse wish is always attended by more or less defensive tension, sensitive pride, and anxiety; hence the mild neurosis as a disturbance of autonomic comfort.

Whenever the segmental autonomic-affective craving meets with an unmodifiable resistance, the individual begins to feel uncomfortable from the autonomic pressure. He can not sleep well, is restless, does not think consistently, loses appetite, becomes irritable, etc., symptoms of the autonomic-affective pressure using the trial and error method of finding a weak place in the resistance and obtaining control of the final common motor paths of adjustment. If the struggle is hopeless because of unchangeable ethical and moral obstacles, as the inability to marry because of obligations to a parental invalid, or the attitude of a frigid mate, or the inability to retaliate against a nagging, superior officer, a depression of the autonomic apparatus develops which may vary from a mild malaise to severe loss of power to coordinate acts and thought for a future purpose (as so-called paraphrenia, etc.).

*Dissociation of the personality* is essentially due to the *repressed craving* (a state in which the craving is not permitted to produce *consciousness* or awareness of its needs) overcoming the wishes to be socially estimable and proper, and despite the *ego's* resistance, causing behavior and sensations which tend to gratify its needs.

The discovery of the existence of the repressed craving (forgotten wish in the "unconscious"), and of its subtle influence upon human behavior and the content of consciousness (thought and judgment), is the great contribution to knowledge by Sigmund Freud. If the experiences of psychopathology in the use of this discovery are a reliable criterion of its value, it will become an important contribution to the progress of civilization.

Sherrington, in his work upon the integrative functions of the nervous system, showed how two neurones, converging upon a third which is efferent to them, may be stimulated to *inhibit* or *suppress* one another or to *reenforce* one another. This mechanism applies not only to individual neurones but to segmental groups when *acting as a unity* against antagonistic cravings or wishes, as they converge upon the use of a limb, or group of limbs, or the special exposure of a receptor or group of receptors. The same principle exists in the struggles of antagonistic cravings with the *ego* to dominate the final common motor paths of adjustment and direct our overt behavior. As the vigor of the conflicting wishes varies, incoordinations may occur; hence, errors in movement, execution of work, and wish-fulfilling mistakes. Conversely, the occurrence of an error under ordinary conditions, as a slip, fall, unintentional self-inflicted injury, mistake in speech or writing, swallowing food into the larynx or biting the tongue, is indicative (symptomatic) of the repression of an affective craving or wish having been made at the moment of the incoordination.

Similar in mechanism is the *misinterpretation* or *misrepresentation*, in that the cause of either is usually traceable, if explainable at all, to the direct or indirect fulfillment of a wish (gratification of a suppressed autonomic craving). The craving not only causes the seeking for a satisfactory stimulus, but, moreover, through the reflex maintenance of characteristic postural tensions of the striped muscle apparatus, forces the individual to be conscious of a kinesthetic stream of sensory images which tends more or less to relieve the craving. *It is this autonomically*

*aroused stream of kinesthetic imagery, which, when combined with sensations produced by exogenous stimuli playing upon the exteroceptors, produces the wish-fulfilling delusion, dream and hallucination, or misinterpretation of the behavior of others. This mechanism applies as well to the wish-fulfilling errors of substitution or elimination, as in misspelling, misreading, misselecting, even though they may be disastrous to the ego. The dream is a miniature, transitory psychosis occurring when the capacity of the organism to remain coordinated as a unity is lost (as during fatigue, toxemia, sleep). The psychosis occurs when the repressed autonomic-affective cravings, through summation, or depression of the ego, become too vigorous to be controlled by the repressing cravings and becoming dissociated, cause hallucinations (auditory, visual, tactile, olfactory, gustatory and kinesthetic sensory disturbances) which tend to gratify the dissociated affect. The individual hears himself called a pervert, because the dissociated affect has perverse needs, or he dreams (hallucinates in sleep) that his absent or dead mother is present, because he is homesick, or that he is drinking water when he is thirsty, because he wishes to sleep and will not get up, etc.*

*The symbol, image, fetich, ritual, fancy, fairy tale, novel, or psychosis, etc., is adopted by the affect when it can not obtain the reality. The image or symbol, being associated with the reality by the similarity of some of its qualities or the accidental contiguity of its special or temporal position, seems to relieve the affect to a marked degree. When the affect can not acquire what it needs, uncomfortable tensions or anxiety (fear) are felt, and the use of the symbol or fetich, relieving this anxiety, has a marked physiological value in that it prevents the adrenal, thyroid, circulatory, hepatic, and pulmonic compensatory striving from becoming excessive. Hence, religious symbolism, ritualistic formulations of faith, fetichistic administrations of grace, artistic fancies, mystic rites, etc., all have a great value in the restoration of biological potency until the environment, climate, social jeopardy, disease process, or bereavement, change sufficiently so that the autonomic cravings may again acquire the reality. The ritual of the medieval northern Europeans inducing the return (rebirth) of the Sun, thereby increasing the food supply and decreasing privations and restoring potency, has a psychotherapeutic value. It seems to me that this conception of the physiological nature of the personality and the theory of neutralizing affective cravings, alone, of*

*all the theories advanced, gives the anthropologist, behaviorist and psychologist a satisfactory explanation of the compensatory origin of folk lore, song, language, mysticism, art, religious ritual, hallucination, etc., in primitive and civilized man. Obviously, rituals and fetiches which tend to stimulate sexual potency, despite the depressing fears of the mate's indifference, economic stress, political oppression, religious dogma and social intrigues, are to be highly favored, not only by the savage, but by the modern civilized man and woman, as well as the psychopath.*

It is but natural that, when a fearful, oppressive, unpleasant, or disgusting stimulus enters into the love or mating situation,



Fig. 70.—African fetich place; a tree and two stones.

before the erotic state is well established—the blood-supply becoming reflexly shifted from the pelvic and gastrointestinal organs to the organs of defense, as the limbs, head, heart and lungs, producing more or less sexual impotence,—the individual tends to seek a fetich, drug, companion, play, or ideal, which, as a counterstimulus, tends to restore his potency or feelings of power and general reassurance.

Only with this understanding of human nature do the psychopathic deviations from the requirements of the social herd become intelligible as truly biological phenomena.

The intimate influence of the affective-autonomic activities

upon the postural tensions of the striped muscle apparatus, hence, the kinesthetic stream and in turn, the content of consciousness, has been shown in a variety of cases besides the classical examples of anger and fear used by Darwin.

The proud, arrogant, egotistical paranoiac displays his affective compensation in his carriage, walk, play, conversation, work and conflicts, and a little study of his case shows that he strives to free himself from a persistent sense of personal inferiority due to his secret autoerotic or homosexual tendencies. In such exam-



Fig. 71.—Terrific striving to become omnipotent as a defense against fear of homosexuality and impotence.

ples we find a complete similarity in the man's general muscular tone and the trend of his thought.

On the other hand, the individuals, who finally yield to their perverse erotic cravings and resign themselves to live at the level of non-resistance to it, may be found on the wards by the hundreds as so-called chronic dementia præcox types. A study of these people shows that they are preoccupied with an incessant stream of lurid, weird polymorphous perverse sexual thoughts and sensations, and a most grotesque, primitive estimation of their places in the social herd. Their slovenly appearance and characteristically relaxed, slouchy carriage reveal the marked indifference of

the erotic affect to social esteem, and the sensuous, postural tonus of the striped muscles, as the source of the kinesthetic stream, coincides with the erotic wish-fulfilling content of consciousness. (See Figs. 65, 66.) A more easily defined relationship of the postural tonus of the projicient apparatus to the affective craving and the content of consciousness is to be seen in the catatonics' grotesque postures and mannerisms, as compelled by the dissociated affect and their literal interpretation by the *ego* (see cases in Chapter XII). One may become aware of these mechanisms in



Fig. 72.—Characteristic postural tensions of striped muscle system revealing affective cravings. (1) Depressed, intrauterine state of regression with sufficient adaptability to walk when forced. (2) Paranoid adjustment, showing expectation of assault from behind, probably sodomistic. (3) Hebeephrenic excretory erotic in characteristic dress and defecation position; face shows pleasure at fancies. This photograph, taken in an American State Hospital shows the primitive method of herding the dissociated personalities into groups without regard for the individual's repressed or dissociated cravings.

himself if he will learn to analyze his dreams while the dream process is active. Ordinarily, the dream is taken at its literal face value during sleep, whereas by learning to analyze its symbolic values, one learns to recognize that the grotesque dream imagery decidedly portrays the incongruous relations of the affective tensions. We often feel incongruous postural tensions when we have forgotten to do some important thing. These tensions indicate

that a wish to do some certain thing has been repressed and is trying to work.

The quickness with which a change of postural tonus of the striped muscles is compelled by an affective change, is to be seen in the innumerable, undesirable, little accidents that occur every day as the result of a brief relaxation of some postural grip that holds the body or an object in place against the influence of grav-

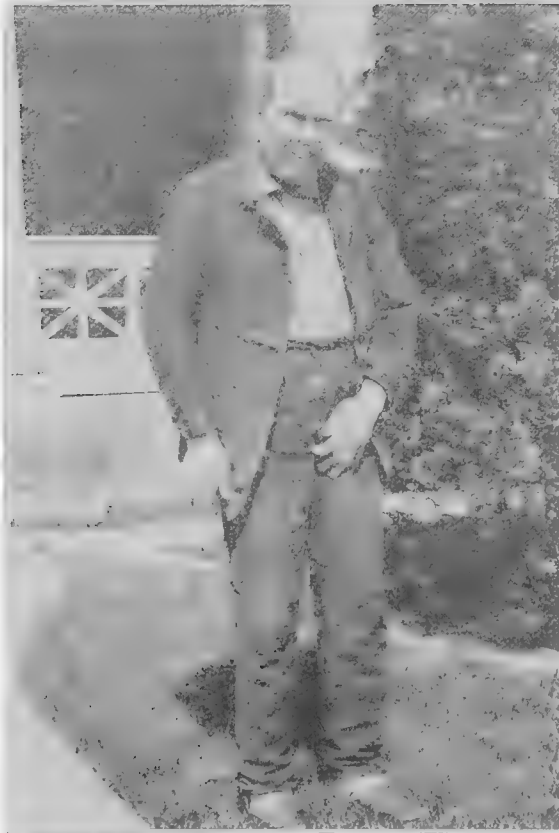


Fig. 73.—This biological result is typical of the chronic oral erotic dissociated personality.

ity, such as slipping, or dropping a razor or cigar as the result of being momentarily distracted by the necessity of making a repression of an affective reaction which, if allowed free play, might be embarrassing.

The psychologist, psychopathologist and physiologist must

learn to recognize that his affections or feelings, as he becomes aware of them, consist of a stream of sensations which have so coalesced as to be reacted to as a characteristic feeling, and this craving constitutes the anger, hunger, fear or love. For example, in anger, the hypertensions in the epigastric region, the thoracic inflation, increase of cardiac vigor, tumescence of the muscles for attack, as chest, arms, legs, neck and face, are popularly expressed by the phrase, "itching for a fight." When *fear* is also a part of the reaction, the face may be blanched and tense instead of congested, as "white with rage," signifying that the individual has become afraid of his ability to control the compulsions of anger and his responsibility.

The delusions and hallucinations about the behavior of other people are not due, essentially, to the actions of these people, but are the result of the individual's own, autonomically determined, wish-fulfilling, kinesthetic sensory stream so coloring his impressions of the meaning of the behavior of others as to produce the misinterpretation. Naturally, when the delusion is accepted as an accurate representation of the behavior of others, the delusion itself becomes the cause of elation or anxiety. Thus a vicious circle of adjustment develops.

On the other hand, only *those individuals are biologically well adjusted, whose sexual affections are so conditioned that, in their striving for gratification, they reenforce the ego's struggle for social esteem.*

The affective difficulties of the cases presented lead to a most important conclusion, which, if correct, calls for a significant, more biological readjustment of our social, educational and religious ideals. It is, namely, *that no individual can have a psychosis or anxiety neurosis so long as he can maintain his sexual potency without jeopardizing his needs for social esteem.*

If he or she maintains sexual potency at the price of social esteem, a social delinquent results. If sexual potency is sacrificed for the sake of social esteem, an anxiety neurosis develops unless the sexual affections can be thoroughly sublimated. Such sublimation is rare and most difficult except for some philosophers, scientists and social workers of the modern and ascetic religious schools. (Teaching and the ministry come under the social forms of sublimating the erotic affect.)

If the sexual cravings have to be kept *repressed* in order to

protect the struggle for social esteem, a psychosis is very likely to occur, whether the erotic affect is perverse or not, when the power to control the self is weakened by disease, injury, discouragement, etc.: whereas the *social virility of an individual is enormously increased when reenforced by estimable, refined, conditioned sexual cravings*.

### Mechanisms of Neuroses and Psychoses

The psychopathologist must answer two questions in every case: (1) how long will the psychosis last? and (2) what will be its effect upon the personality? My experience is that one's answer is best guided by an estimation of the *ego's* attitude toward the ungratified unavoidable cravings and the nature of these cravings. If the *ego* is inclined to accept or recognize that the source of the neurosis or psychosis, that is, the visceral distress, preoccupation of thought, hallucinations, etc., lies in his emotions, cravings or "feelings" getting gratification or striving to get gratification, we have a *benign* mechanism that is curable. If the *ego* persists in treating the cravings as foreign to his personality, perhaps a part of his body but not a part of himself, or the result of the secret work of an enemy, God or society we have a *pernicious* mechanism that is incurable unless the attitude of the *ego* can be changed to a *benign* one. This often can be brought about through cultivating a transference of affection from the patient.

The duration of the neurosis or psychosis seems to depend upon the means the affective cravings develop for obtaining gratification and this is largely determined by the attitude of the *ego* and what the environment can offer. Each case is decidedly different and as intricate as only humanity can be. One can not afford to be too sure of the prognosis of pernicious cases.

The symptoms produced by the autonomic-affective conflict, while often important because of the distress and vicious circle of preoccupation which may result, are after all, not so important as the attitude of the *ego* toward the cravings and what the cravings are. For this reason, unlike the older psychiatries, wherein most of the space was given to describing symptoms, attention has been mostly directed to the wishes or cravings of the individual and how his resistance distorted their seeking for relief and their effects upon his comfort and the content of consciousness.

There are, it seems, four types of adjustment to the disturbing pressure of an autonomic-affective craving: (1) *yielding* to the craving at any cost of self-control and social esteem; (2) *eliminating* it from the *ego* by repressing it and keeping it repressed so that it can not cause awareness of its needs, as in the functional or organic castrations; (3) *simulating* conditions that tend to gratify the craving, as in selfish fancies, dreams, imitations of pregnancy, use of symbols; or (4) *sublimating* the love or hate by creating socially estimable images which are related to the true object of the affect, as creating artistic, scientific, religious, philosophic, or social works.

In the *suppression anxiety neuroses* we meet with distressing sensations originating in the persistent tensions of some segment or segments of the autonomic apparatus. This is usually due to the inability to make the overt adjustment which is necessary to acquire the conditioned affect's object and thereby its neutralization; therefor the persistent increased cardiac rate and vertigo, gastric anemia, and visceral hypotension associated with feelings of weakness and inability to think clearly and accurately in a crisis that threatens failure and loss of a love-object.

In the *repression neuroses* the individual *represses* the cause of his anxiety (makes himself forget it), whereas in the anxiety neuroses he is more or less aware of the cause but will not give it its due value in his personality, as disguising his love or hate. In the *repression neuroses* (phobias, compulsions, obsessions, functional distortions) the repression of a wish or craving is maintained by a vigorous coordination or converging of the remainder of the autonomic apparatus (which, acting as a *unity*, constitutes the *ego*) upon a substituted or compromised line of behavior, thereby preventing the intolerable craving from causing awareness of its needs and jeopardizing the future of the whole organism. This is similar to concentration of interest in order to prevent distractions when trying to study, or work, or play golf, hide a guilty or scheming wish, etc.

In the adaptations to vigorous cravings and critical situations we find two general types of *compensation* and two types of *regression* adjustments. The *manic* either abandons himself without reservation to the enjoyment of the erotic craving and becomes a jovial, amusing, mischievous, autoerotic player, or he develops a wild, threatening, bluffing over-compensation, because he is

fearful of being unable to control his perverse sexual cravings. The *depressives* are either types who renounce all competitive interests in the world, give up hope of winning the love-object through the striving methods of maturity and regress to an infantile, or intrauterine mother dependence; or, autoerotic, they struggle anxiously, desperately to escape the obsessing cravings of the pelvic segment. *The determinants for these variations of adjustment to the tabooed affect, psychoanalysis of these cases shows, are based upon the influence of the individual's associates.*

There are no well defined lines of demarcation between psychopathic adjustments to intolerable or ungratifiable cravings upon which to erect very satisfactory nosological classifications of the different adaptations as true diseases; hence, it is much more practical to speak of cases according to the affective mechanisms which are involved.

For example, the term *dementia præcox* is of necessity used here because it has been popularly adopted as a division for classifying people who show certain behavioristic traits, affective trends and physiological symptoms. Through a loose usage of its original purpose, the *classification* of certain psychopathic personalities, the term *dementia præcox* has been gradually, indiscreetly accepted as being a definite disease entity, and the *classification* of the personality as a *dementia præcox* type has become adopted as the *diagnosis* of a specific disease process. Because of the absence of definite etiological factors, this has reduced the psychiatrist to the sad plight of having to define what is meant by *dementia præcox* in terms of the symptoms which he has grouped under the name. This circular method of reasoning from *symptoms* to *name* and from *name* to *symptoms*, while it satisfies the court's and jury's demand for logic and the custodial psychiatrist's need for short, convenient names in order to pigeon-hole his cases, is diverting the major part of psychiatric curiosity from its task of working out the particular pathology of each individual.

The general lack of confidence and respect by the medical and surgical profession for the psychiatrist is due, largely, to his psychotherapeutic inefficiency and circular mode of presenting his cases, characteristically obscuring the unrecognized etiological factors behind the assumption of undefinable inherent or constitutional defects. The profession's critical attitude is having, however, the effect of forcing the psychiatrist to present his case in terms of its etiological factors or admit that he does not under-

stand it. The necessity for etiological factors has changed the interest in making wholesale, statistical, group studies to more practical, intensive, analytical studies of individual cases. The individual, analytical method is not only clearly revealing many of the psychopathological mechanisms which cause the functional psychoses, but, almost equally important, it is decisively establishing the fact that these mechanisms, constituting the disease process, are all that need to be known, or used for the diagnosis, treatment and presentation of cases. Necessarily, the old symptomatological classification of psychopathic individuals has become scientifically useless, except where lack of knowledge of the affective mechanisms still makes it a convenience.

The study or history of a case should include, besides an account of the environmental setting and an estimation of the individual's intellectual, social, economic, vocational and esthetic-moral development, an account of the psychopathological processes which are involved: as *the attitude of the ego in the conflict, whether benign or pernicious, the nature of the affective repression*, acute or chronic (love, hate, fear, shame, sorrow); *the degree of the affective regression* (as adolescent, preadolescent, infantile, intrauterine); *the type of affective dissociation*, recent, chronic, progressive, fixed (as obsessions—persistent feelings and thoughts, delusions, hallucinations, compulsions—mannerisms and acts, phobias, confusion, delirium); the presence or absence of functional *simulations* or *eliminations*, recent or chronic (as wish-fulfilling postural tensions for their kinesthetic value, anesthetics, hyperesthesias); the presence or absence of *compensations*, if present, whether recent, chronic, progressive or fixed (harmless, dangerous grandiose); *the degree of insight* into the wish-fulfilling influence of the cravings involved in the maladaptation process; *the symptoms of autonomic reactions* (condition of hair, skin, pupils, eyes and their extrinsic muscles, muscle tonus, pulse rate, blood-pressure; glycemia, glycosuria, areas of vasodilation or vasoconstriction, and spastic or flaccid visceral postural tensions—pleasant or unpleasant—and degree of activity of glands of external and internal secretion).

When some such procedure is followed, a comprehensive caption like dementia præcox obscures the nature of the biological adaptation or psychosis, and its particular dynamic factors.

The progressive biological deviations from the norm, dreaded by the social herd, which are due to uncontrollable autonomic

cravings, an unmodifiable environmental resistance, and the requirements for social esteem, vary greatly from mild feelings of anxiety and inferiority with eccentric compensations to prevent detection, as in the suspicious or paranoid type, to the arrogant, eccentric, domineering, sensitive, grandiose paranoiac and the paranoid dissociated (*dementia præcox*) type.

In the pernicious dissociation neuroses (*dementia præcox* types, paranoid, catatonic or hebephrenic) or the benign dissociation neuroses (the hallucinated manic and depressive types) the repressed affect has broken away from control by the *ego* and is causing hallucinations of what it needs. The *ego* in turn may accept and enjoy them or fight desperately to stop them. In the paranoid dissociation neurosis the repressed intolerable cravings have become dissociated, and, producing vivid sensory disturbances (hallucinations) are understood by the desperately striving *ego* to be the voice and influence of a foreign personality. Utterly without insight, the personality may or may not undergo a pernicious deterioration, depending upon the degree of *hatred*, and the conditioned nature of the *love* affect for infantile or adolescent types of experiences, such as excretory or oral erotic play with certain associates.

The *catatonic* adaptation is a renunciation of resistance and submission to the dissociated cravings, which, usually, becoming gratified by the hallucinated experiences, gradually subside and permit a reconstitution of the personality along its preceding habitual lines of behavior. (The mechanism of the catatonic's "prolonged nightmare" is probably not unlike the erotic dream which causes fear but gives sexual relief.)

The *hebephrenic*, having an affective fixation at the infantile, or preadolescent polymorphous perverse level, usually predominantly excretory and anal erotic, finds life to be productive of the greatest happiness in that irresponsible state. The affective regression is to be regarded as an escape from the anxiety and vigilance necessary to maintain fitness for social esteem, by resuming a previous, irresponsible affective attitude, usually a dependence upon the mother.

The delirium is to be recognized as the loss of the organism's capacity to maintain the compensatory nervous integrations which *acting as a unity control the projicient apparatus (overt behavior) so that some hyperactive segment may not dominate and com-*

*pel behavior which might jeopardize the entire personality.* The hypertense autonomic segments and their ungratified cravings are able, during the delirium, to dominate and cause awareness or consciousness of images of previous sensory impressions (hallucinations) which are, in some manner, related to the needs of these cravings. The hallucinations may seem to be utterly irrelevant and incongruous, but, *upon analysis*, will be found to be intimately related to the affective needs. The delirious, alcoholic homosexual may frankly hallucinate an impending sexual assault by a potent, dominant male, or its equivalent, by hallucinating being crushed by a gigantic engine, or overcome by beasts.

This is not a strange or ridiculous symbolism. One needs but to recall that politicians, big business men, athletes, generals, armies, fate, etc., are often compared to steam rollers or gigantic irresistible monsters, and symbolized as such in cartoons. This certainly reveals that the individual members of society have similar affective reactions in regard to them, or the cartoon would be meaningless.

Explanations of delusions, say about having been shot with a pistol in a certain spot in the chest (Southard, Franz) are not satisfactory when based upon the finding, at autopsy, of a fresh pleural adhesion near this spot. The conclusion that the adhesion probably caused a piercing type of pain and therefore the mentally deranged individual thought it was due to a pistol shot, is not sufficient, because, although the lesion may explain the patient's tendency to localize the supposed shot, it does not, *in the least*, explain why she specifies a pistol shot instead of a stab wound, or pleurisy.

Such delusions, if explainable at all, will be found upon an adequate analysis to be determined by the conditioned nature of the ungratified affective cravings of the individual.

### **Determinants of the Prognosis of Affective Distortions**

The ever recurring question as to the prognosis of the psychosis, as a *biological divergence*, may be given some consideration here. Distresses, confusions and psychoses, which are solely due to affective maladjustments can not always be given definite prognoses. Sometimes most astonishing, efficient readjustments are made, which, even though occurring in an apparently hopeless sit-

uation, may endure for the remainder of the individual's career. As a general rule, however, when certain affective tendencies appear persistently in an individual, the prognosis is proportionately discouraging, particularly if there is *hatred, or fear of external or environmental reality*.

In proportion as fancies, delusions and hallucinations are secretly pleasing and detract from the cultivation of efficient interests in environmental reality, the prognosis is poor.

Individuals, who use *eccentric* compensatory strivings in order to establish a sense of social fitness and obscure the feeling of inferiority, and maintain them at all costs, are not likely to acquire insight and readjust, particularly if the eccentricity attracts society's criticism and in itself becomes an inferiority.

Wherever an individual persists in making an *eccentric claim* of unusual potency in art, science, commerce, mechanics, religion, etc., *which is not founded upon reasonable facts*, fear of the tendency to become heterosexually impotent is indicated. This type of male or female's future depends largely upon the capacity to tolerate the cause of the fear (usually homosexuality) and sublimate it.

The earlier in the career that the affective cravings become fixed and dependent upon a parent, the less affective capacity or energy seems to be possessed for the fulfillment of the responsibilities and independence of maturity; hence, less stress and disappointment can be endured.

The probable difficulties of a psychopath, in adjusting to a perverse craving or functional inferiority, may be inferred fairly reliably from the comfortableness and success of his previous social adjustment and the sincerity with which he seeks to control himself. When such individuals openly *hate* those who resist their eccentric struggle for potency and social influence, they tend to establish a vicious social circle for themselves. When an individual hates another, reactions seem to be aroused in himself that tend to prepare for a counter attack by his rival or victim. These compensatory tensions are disagreeable and, in turn, are reacted to, reflexly, by others, although the latter may not become clearly aware of what is occurring. Thus the paranoid individual soon finds himself cultivating, unconsciously, a fertile field from which to gather remarks, signs, etc., which indicate that he is disliked, distrusted, despised, and, in turn, soon actually becomes distrusted and avoided, establishing a vicious affective circle.

It seems, as a general rule, that paranoiacs are not able to re-establish a comfortable relationship with society if they tend to systematize their delusions, fix them upon some definite person or event, *hate* the resistance to their struggle for virility, and *fear* their own inferiorities.

Psychoses which are due to intrafamilial feuds, arousing and maintaining vicious affective circles, *often* disappear when an affective readjustment is permitted, as upon the death of the oppressor, or upon the severance of repressive obligations through divorce. Most intrafamilial feuds are too intricate and involved and of too long standing to permit of a solution through a sincere recognition of the mechanism by the members of the family. In the wealthy we often find an earnest, prosperous grandfather, and a perverse, dissolute, unproductive grandchild. In such cases it often happens that while the vigorous, virile grandfather built the foundation of his family and established its economic resources, he also unwittingly established an affective situation which was destined finally to abort his descendants.

Psychoses which are due to periodic, erotic upheavals or periodic regressions have a better prognosis than the chronic erotic or regressive.

The histories of psychopaths show, again and again, that the foundation of the abnormal or eccentric tendency is *established in childhood through the influence of associates*, and that psychopathological adjustments in a parent tend to influence the child to make abnormal adaptations and when the child matures its offspring also become the victims of an abnormal influence. The development of insight through educational measures, more than anything else, promises to reduce the tendency to assume an abnormal attitude toward the fundamental inherent autonomic cravings of the personality. Because of the changes incident to the development of knowledge, severe conflicts with many traditions and religious conceptions and the social conventions must be expected. The pressure of the restless, dissatisfied autonomic-affective apparatus can no longer be lulled by platitudes and preachments and dogmas, and the social readjustment, as a biological process, is becoming irresistible.

A detailed discussion of the symptoms and mechanisms in the cases presented in the chapters on the different types of neuroses and psychoses was avoided in the case histories for the sake of

brevity and clearness of presentation of the cases. It is important, however, that some explanation of the mechanisms and symptoms be made. Theories or explanations are valuable as working hypotheses in so far as they actually explain what actually occurs.

All the cases presented are alike in that we have people struggling with strong affective cravings which are trying to get control of the individual or the environment in order to acquire the stimuli which will *neutralize* or gratify them; and because they are resisted they cause distressing tensions of certain parts of the body. Many ask the question that seems to arise naturally from the case material, "Why do all neurotics and psychotics have sexual difficulties?" This should be followed by the question, "Why do people who have sexual difficulties tend to become neurotics or psychotics?" These questions are very much like asking, "Why do all cardiac incompen-sations develop general muscular weakness, or all paretics have syphilis?" The answer would be that it is the inherent nature of the forces involved to produce certain mechanisms, and so the *ego* and its struggle with its sexual cravings, when the cravings are ungratifiable and vigorous enough, causes distress and distortions of behavior. The *ego* rarely has to struggle continuously with the other primary emotions because *they are not taboo*.

Under unusual conditions (as in the army or navy) we see irrepressible *hatred* of an unavoidable superior or irrepressible *fear* of an unavoidable cause causing neuroses or psychoses. They clear up, however, when the cause is removed.

It seems that the erotic cravings may be (predominantly, not entirely) balanic, vaginal, urethral, oral, anal, or autoerotic. The latter type, occurring in an individual who is his own lover and love object, is quite different from the other types which must have love objects that are not a part of the personality.

It is certain that we may have a neurosis or psychosis in an individual who is normally heterosexual. By normally heterosexual is meant individuals whose sexual cravings need the responses of the opposite sex and when free play of the sexual cravings occurs a form of sexual intercourse results that relieves the autonomic tensions and gratifies love, may reproduce their kind, and gives a sound feeling of biological and social fitness. Case MD-1 struggled against such cravings because of prudishness and Case MD-7 abandoned herself to the cravings, obtaining in this

manner what they needed because of her impotent husband and her fears of immorality, syphilis, betrayal and abandonment.

Both were women. Men are not so likely to have neuroses from ungratifiable heterosexual cravings because the social taboo is fortunately not (yet) as severe and punishing as it is against the female. When his autonomic tensions and sexual cravings, however, tend to force him to yield to an abnormal (autoerotic or perverted) means of getting relief because the resistance to a normal means is insurmountable then the signs of tensions and distress begin to show. The type and seriousness of the neurosis or psychosis is the type of conflict that is waged between the *ego* and the erotic cravings.

The manner in which the erotic cravings are gratified is determined by the same laws that determine how stomach cravings for food shall be gratified. That is to say, if we punish or threaten to punish a young or old dog, horse, any animal, man or woman, often enough when trying to get food in a certain way (the younger and more timid the animal or person, or the more violent and certain the punishment, the less often need it be applied) the fear of pain will force the development of some other means of getting gratification. This other means is determined throughout animal life by the nature of the organic equipment (motor and sense organs). The small horned stag is subdued during the rutting season, the timid youth is subdued by his more courageous rival or the suggestions of his prudish parents and remains autoerotic. The monkey, elephant, or stallion, upon being subdued by man and placed in captivity, masturbates. When the monkey is isolated from the female he becomes homosexual; and so when youth is placed in captivity by moral preachments, prudish parents, fears of disease, pangs of conscience, all depriving him of a heterosexual outlet, he finds his sexual cravings trying to get homosexual or autoerotic gratification. If his organic equipment is effeminate, or her equipment is masculine and unattractive to the opposite sex, the fear of punishment and ridicule upon seeking heterosexual means is increased.

The sexual hunger mechanism, like the food hunger mechanism is extremely simple. It tends to follow the line of least resistance and requires controls and reenforcement to overcome dangers and become refined. Society must recognize this and instead of despising and discouraging heterosexuality it should

encourage and promote the development of heterosexual potency in order to prevent biological abortions through fear of the responsibilities of heterosexuality—pregnancy, labor, parenthood.

Many of the preceding cases show that as the sexual cravings become normal (heterosexual) the panic and fear of homosexual submission with perversions (the psychosis) decreases. (See Cases P-3, PD-14, PD-15, PD-20.) This should be sufficient warning against heeding moralizing fanaticism, under whatever disguise it may appear—religious, academic, medical, esthetic, etc., which would place too severe obstacles, laws and conventions against heterosexual living. Particularly is this likely to be overdone wherever men or women are congregated together in large numbers, as on board ship, in army camps, colleges, prisons, convents, monasteries and asylums, because it is certain that a large proportion of the males or females will become obsessed by the sexual cravings tending to revert to masturbation or homosexuality. On the other hand, heterosexual license, besides increasing venereal disease, is decidedly conducive to degeneration of the personality and inability to love (PD-1, AN-3). Life is a serious game which requires courage, fortitude, and common sense to play it well.

### Significance of Symptoms of Affective Conflicts

The most difficult features of a person's behavior to describe in words that will give the reader the desired impressions are the postural tensions of the patient's limbs, body and facial muscles. It requires genius to convey an accurate idea with drawings, painting or sculpture, hence description by words, far more difficult, is beyond reach of the average psychiatrist. Photography is perhaps the best method and avoids the tedious descriptions of behavior and emotions that once burdened psychology and psychiatry. (See following pages.)

The *postural tensions* of the striped muscles reveal the nature of the *ego's* struggle with the repressed affect to the observer who is familiar with their significance. The cravings for oral or anal erotic submission and the attitude of the *ego* can often be differentiated by the postural tensions. Autoerotic anxiety, autoerotic abandonment, infantile regression, paracidal or manic compensa-



Fig. 74.—Note the posture of the hands and rigidity of the body. This postural interest in the hands is usually a defense against autoeroticism. This patient seized a knife and attempted to amputate his penis.



Fig. 75.—The postural tensions of the facial muscles show silly, unrestrained abandonment to autoerotic cravings.

tions, and defensive postures to keep from becoming conscious of undesirable cravings or inferiorities are often self-explanatory when one has had clinical experience with the predominant types.



Fig. 76.—The postural tensions of the facial muscles show anguish and despair. The cause was secret autoeroticism.



Fig. 77.—Compulsion to prayer as a defense and purification against oral eroticism.

The ego's attitude toward the use of the different sense organs of the body also reveals the nature of the affective struggle.

*Anesthesias* and *hypesthesias* mean an affective resistance to



Fig. 78.—Joyous abandonment to anal and autoeroticism.



Fig. 79.—The face shows intense hatred. This individual is the victim of intense anal erotic cravings.



Fig. 80.—Postural tensions of facial muscles show extreme terror and emaciation. At this time she had the conviction of having been the subject of sodomy, apparently a wish-fulfilling delusion.

the sensations that might be received through using a particular sense organ. These sensations may be aroused by stimuli in the environment or memories, that is images, of past sensory experiences which the *ego* might become conscious of. So-called visual constriction of hysteria, deafness for certain sounds, areas of anaesthesia for contact stimuli, anosmia, etc., are due to affective resistance or *fear* of using the sense organ because that would force the recall of a painful memory or sensory images of experiences that caused distress. (See Case PN-2.)

*Amnesias*, circumscribed for an experience or the details of a period of life, are, physiologically, forms of *anaesthesia*. The *ego*



Fig. 81.—The tensions about the mouth show tremendous striving as a defense against oral eroticism.

resists making movements and assuming postures which would stimulate the proprioceptors (kinesthesia) and external sense organs which in turn would reproduce a sensory image of the painful experience. Thus the patient prevents himself from becoming conscious of the experience, hence the amnesia is a valuable form of adaptation. *Partial memories* are similar to *hypesthesias*. (See Case PN-2.)

*Hyperesthesias* and *paraesthesias* are caused by an excessive craving for the sense organ and its stimuli. *Persistent memories, delusions and hallucinations* are forms of hyperesthesias caused by the ungratified affect striving to get gratification despite the resistance of the *ego*. (See Cases PN-2, PN-1, PN-7, MD-1, MD-2,



A.



B.



C.



D.

Fig. 82.

A. Tensions of facial muscles showing perplexity and fear caused by anal erotic cravings.

B. Facial tensions showing fear—anal erotic cravings.

C. Facial tensions showing slight suspiciousness but general tendency to seek seduction—cause anal eroticism.

D. Facial tensions showing extreme suspiciousness.

HD-1, CD-1.) Fear of injury, for example, lowers the resistance to the sense organs that indicate the approach of an avoidable cause of injury. The painful or hypersensitive vagina is often caused by *fear* or repressed *hatred* lowering resistance to the pain sense organs there. The *delusion* or *hallucination* often gratifies erotic or hatred cravings although it terrifies the *ego* just as the stomach hunger cravings often force the eating of waste or dangerous food or getting into situations that terrify the *ego*. (See Cases PD-33, PD-35, CD-6.)

The theory that *delusions* or *hallucinations* are caused by the misinterpretation of an external situation or the peculiar condition



A.

B.

Fig. 83.—(A) Facial tensions show weak striving to control fearful oral erotic cravings. (B) Facial tensions showing despair at uncontrollable eroticism.

of the environment is not acceptable. (See Case HD-1.) What actually occurs in the delusion or hallucination is that the individual's perceptions and conceptions are made up, as a synthesis, of the sensations of which he is conscious. The sensations flow in from the three great sensory divisions, exteroceptive, enteroceptive and proprioceptive. Now the inflow from the exteroceptors may be quite alike for a group of people and each member's conceptions may be more or less alike in general but decidedly differ-



A.



B.



C.

Fig. 84.—Tensions of facial muscles showing desperate striving (hate) to control dissociated perverse erotic cravings.



Fig. 85.—Elimination or castration of eyeball as a defense against eroticism.



Fig. 86.—Facial tensions and posture of eyes express the “contrite virgin”—the result of tremendous compulsions to prove innocence following a social scandal that forced her into the position of an immoral intriguer. Striving to forget (make herself unconscious of the sexual wishes and memories).

ent in important details, as the testimony of observers or witnesses of a crime always shows. This difference in the significance of what was seen or heard is due to the differences in the kinaesthetic stream or stream of sensations flowing into consciousness from the proprioceptors and enteroceptors. Hence it is more acceptable to say that any individual having the same flow of sensations from the internal sense organs and external sense organs would think the same things; that is to say, would have the same delusions or hallucinations. The difference between delusional and rational individuals lies in the proprioceptive activities, that is, hyperesthesia of certain proprioceptive fields and anesthesia of others, in turn, aroused by postural muscle tensions, in turn determined by the repressed and ungratified affective cravings trying to get what they need. Therefore in psychotherapy we endeavor to induce the patient to become conscious of his repressed affective cravings and the wish fulfilling value of his delusions and hallucinations, just as men lost in a desert would not hesitate to explain why they could not resist the craving to drink urine, or water which they knew to be poisoned by alkalies.

*Paralyses* (spastic and flaccid) are compelled by the repressed affect in order to escape from a distressing situation, escape from the distressing memories or sensations of a situation, or they are the best available means of getting sensations that will gratify the affect in a hostile or unresponsive environment. (See Case PN-3, PN-7.) *Convulsions* and *tics*, as clonic-spastic motor tensions, also are caused by the affect to acquire similar results—relief or neutralization. (See Case PN-6.) *Fear* of the enemy in front and court-martial behind, if unendurable and uncontrollable will, as soon as fatigue or toxemia sets in, force a reflex postural adjustment in the soldier which will permit escape from the cause of fear. Hence the war neuroses as repression of fear or perverse eroticism neuroses.

*Dreams, fancies, myths, tales, stories, novels, poetry, painting, sculpture, music, drama, delusions, hallucinations, religious ritual, forms of faith, scientific research and theories, philosophical and social systems, laws and ministrations of justice* are the result of forms of behavior urged by the affective cravings trying to get gratification through solving the environmental resistance. In order to understand the significance of a man's fancies as forms of reasoning, look for wish-fulfillment and how it gratifies

his struggles for potency and social esteem and avoids the fear of failure, loss, pain, etc.

*Fear, panic, terror, anxiety, uneasiness, doubt, apprehension* are all degrees of fear of failure to gratify the affect, avoid pain or control the perverse affect.

*Apathy, lethargy, "loss of will power," loss of muscle tone or energy* are failures to compensate to the cause of fear and an unconscious submission to an insurmountable environmental resistance. (Case AN-3.)

*Phobias* seem to be of two types, one is due to the fear reactions being conditioned to be aroused by stimuli that are associated with a former dangerous or fearful experience which may or may not have been forgotten. (Case AN-1.) The associated stimuli may also be symbolized, as the fear of open spaces due to fear of losing the mother's attachment. The other type of phobia is the fear of a suppressed, persistent wish bringing about an indulgence or an event or getting joy out of an event; such as the death of a father, mother, mate or child who has become an obstruction to obtaining a love-object. (Case PN-1.)

*Compulsions and obsessions* naturally arise as *compensations* to keep the intolerable or unjustifiable wish repressed, that is, prevent it from causing consciousness of its needs or efforts; such as the compulsion to maintain innumerable protective appliances about the house or of performing a ritual each day in order that a certain person will not be killed. (Cases PN-1, P-1.) The unreasonable dread of the person being killed is due to the wish for relief from that person's unconscious obstruction of the affective cravings, usually love.

*Mannerisms, fetiches, rituals* are methods of repressing from consciousness ("banish out of mind" or "banish the thought") thoughts or environmental conditions that tend to cause *fear* of loss of potency (particularly *fear* of yielding to perverse or auto-erotic cravings) and on the other hand to stimulate heterosexual potency. (Cases MD-8, MD-2, MD-3, MD-11, P-1.)

*Manias* or cravings such as kleptomania, mania for lying, for causing others to hate one another, injure one another, or love one another, are means of getting erotic gratification through bringing about events that may establish an opportunity for or that actually cause the orgasm. (Case HD-1.) In surgical clinics we often find erotic females and males who periodically become obsessed with

cravings for minor or even radical major operations, entailing even the loss of large parts of vital organs. The operation and excision, being equivalent to a sexual submission or labor and birth, attended by affective readjustments which are equivalent to a sexual orgasm, force such people to seek for and submit themselves repeatedly to the ordeal. When erotic affect runs a rampant course, the visceral tensions, hence visceral areas of tenderness and pain, become unendurable. The simulations of tumors and visceral anomalies are often amazingly real and may mislead the most skillful diagnostician.

The obvious defense against irresistible cravings is the elimination from the environment of all things that might arouse them. This mechanism gives rise to an enormous number of chronic eccentric social reformers. (Cases P-1, CD-4.) Psychopaths often solve their conflicts with repressed cravings in this manner. Asylums are full of them. The more practical and harmless, though not less obsessed and inspired, biologically anomalous reformers must be controlled or avoided because of their persistent, unconscious tendency to mislead the race in its cultural development. They are compelled to make life easier for their own conflicts and being biologically abnormal are potentially misleading for the biologically normal.

The influence of *secret cravings* and *secret memories* of past indulgencies upon the behavior of the psychopath is the same as upon the normal child and adult. They all feel, because of many minor experiences of the sort, that others recognize their efforts to conceal something shameful. The next stage is the persistent dread that people will shun them because of trying to conceal something and this may develop into the belief that people can *read their minds* and *steal their thoughts*. This develops the compensatory defense or claim of the psychopath that he can read the minds of others, even building up a defensive philosophy on this conviction.

*Fear of crowds* usually means a repressed craving for exhibitionism or a secret violation of the laws of the race and fear of the anger of the race.

*Fear of death, dying, crucifixion or suicide* often results from ungratified sexual cravings that are trying to get gratification through the act. (Cases PD-30, PD-31.) Such fears also may mean an uncontrolled regressive tendency of the affective cravings

to return to an intrauterine attachment to the mother. (Case HD-1.) Dying means returning to a state of existence similar to that which was lived before birth. In many religions it signifies a reidentification with divinity.

*Cravings to steal, lie, rape, seduce, murder, to be cruel, brutal or sadistic* are often caused by the erotic affect trying to get further excitation in order to become potent enough to obtain gratification.

*Cravings to be beaten, punished, cheated, misled, seduced, raped, persecuted, bullied, injured* are often caused by erotic cravings to submit to and be overcome by a powerful, brutal, irresponsible force and are often shown in the psychosis as the cause of delusions and hallucinations of having had such experiences. (Cases PD-33, PD-34, PD-35.)

## CHAPTER XV

### PSYCHOTHERAPEUTIC PRINCIPLES

All neuroses and psychoses which are due to uncontrollable or ungratifiable affective cravings have a common psychotherapeutic problem which resolves into a question either of diminishing the vigor of the uncontrollable autonomic tension and its craving or of increasing the vigor of the *ego* (the socialized cravings), so that the latter may dominate the final common motor paths (overt behavior) and thereby control the undesirable craving.

The *psychoanalytic* method is primarily interested in reducing the vigor of the uncontrollable craving, whereas the *suggestive* and hypnotic methods, reeducation and rest cures, etc., endeavor to reconstitute and reenforce the *ego* so that it will be able to control the cravings which tend to jeopardize the individual's efforts to retain social esteem. Both methods have splendid merits which a prejudiced advocate of either one would be likely to neglect in the other.

There are types of cases, particularly where unmodifiable intrafamilial feuds are involved, which may become aggravated by a psychoanalytic procedure. On the other hand, there are more cases which can only be cured through psychoanalysis and which only receive a meagre, temporary benefit from the suggestive smoothing-over process. There is, moreover, a *critical stage* in many psychoses that is highly favorable to a psychoanalysis, but is often missed and lost because the physician in charge inclines to favor the rest-cure and suggestive method at the wrong time.

The *suggestive method* of treating the psychopath rarely, if ever, effects a permanent cure, whereas the *psychoanalytic method* often effects remarkable, apparently permanent cures. The latter method has not, however, been used long enough to justify absolute confidence in its capacity to effect permanent cures, even though the results are, so far, most encouraging.

The *suggestive method* depends for its success upon the convincingness of the personality of the physician and his ability to

win the patient's confidence; that is, a *transference* of affection from the patient. Most *suggestion* therapists refuse to recognize this fact, but insist that they merely win the patient's confidence through the administration of impressive therapy and optimistic suggestions. Early in the history of hypnosis a form of magnetic influence was assumed to be possessed by the hypnotist, but this is now recognized by the psychoanalyst to be nothing more than the winning of a positive transference of affection, *love*.

The *psychoanalytic method* of treating the psychopath is often stupidly objected to on the grounds of expense of time and lack of foreknowledge of practical results, and being useful only "in selected cases," because it "may do more harm than good." I have often heard these ultra-wise platitudes, which are as applicable to surgery or internal medicine, pronounced with conviction by physicians who had neither experience in psychoanalysis nor an unprejudiced interest. One usually sees men maintain this attitude as a justification for neglecting to conscientiously read psychoanalytic literature for the welfare of their patients, or, because their own affective repressions make them unable to endure the tensions which would be aroused in themselves when listening to a patient's difficulties which are other than organic and impersonal.

It must be admitted that the psychoanalysis of a case may result in a suicide, serious panic, or wild, homicidal outburst. But, it must also be consistently admitted by the opposition to psychoanalysis that the mistakes of medicine have buried their thousands, and surgery, their tens of thousands. Because tuberculosis, cardiac diseases, nephritis, pellagra, cancer, syphilis, etc., require indefinite time and great labor, and cancer is often ineradicable, should these cases be abandoned? The same unapologetic answer to men who would advocate the neglect of such patients is not too severe for men who strive to bring about the disfavor of the psychoanalytic method.

The viciousness of the attacks upon psychoanalysis is so utterly ill-founded and unjustifiable that it automatically directs attention to the source of the prejudices in the personalities of these critics. One man, a surgeon of national reputation, has written severe attacks upon the psychoanalytic method without a justifying study of the literature. At a medical society meeting in which he presented an interesting theory on the pathology of dementia

præcox, he said, when informed that I desired to discuss the physiology of the emotions in relation to the pathology of dementia præcox, that he did not care anything about the emotions, and, further, that since he was an older man, it was only courtesy that I should withhold my discussion. So, to please his personal prejudice, science and fairness had to be aborted. Later, I learned that his prejudice was, at the least, related to repressions which were intimately associated with a psychopathic tragedy in his family.

Another instance was that of a young physician, who, because of marked bisexual physical anomalies (organ inferiorities) was subjected to no little unpleasant ridicule by his classmates. He wrote a paper denouncing the psychoanalytic method and the conception that sexual inferiority was a cause of anxiety. It was founded upon a gross mixture of misquoted data and fancy. The only critic of psychoanalysis who can be considered at all reliable by the medical profession is the man who has himself practiced psychoanalysis and *did not have to abandon it because of his own affective discomforts*. Similar qualifications would, at least, be required of the critical surgeon or internist upon equivalent questions pertaining to surgery and therapeutics.

Another prejudice that is often hurled at psychoanalysis is a professed abhorrence for the "*transference*." It is condemned as immoral and unethical to have a patient develop an affectionate regard for the physician. As ridiculous and inconsiderate as this hypocritical attack has been, it can not help but be amusing when considered in the light of the fact that few, very few, physicians, surgeons, gynecologists, obstetricians or priests have not had to solve the problem of the unhappy individual developing an affection for them. Also any fair-minded physician or minister will admit that much of his success is due to the fact that he is able to control the patient through winning his confidence and affection. The psychoanalyst has been merely honest enough to recognize this fact at its true affective and therapeutic value, and, desiring that his patient should become a self-reliant, independent personality, regards it as his duty to educate the patient as to the significance of the transference. Many physicians find it decidedly *profitable* to keep the yearning neurotic attached to them even though they realize that their impressive examinations and therapeutic methods are practiced for the sole purpose of humoring the patient. This type of physician is, naturally, the thinker who ab-

hors a frank consideration of the mechanism of the transference and therefore feels it his mission to attack the psychoanalyst who uses it honestly.

To return to the two general psychotherapeutic methods of treatment of neuroses and psychoses and the principles upon which they are based. It must be recognized that an important part of successful therapy in which drugs, mechanical devices and surgical intervention are used, is due to the comfort the patient derives from being nursed and attended to by a mature personality for whom the patient has great fondness, respect and admiration. This encouraging; invigorating influence counteracts the patient's tendency to become depressed and yield to the attack of disease, the neglect of a mate, parent, son, or daughter; or the probability of economic failure due, in turn, to the patient's inability to summon sufficient courage and resourcefulness to save himself. It is, in brief, an expression of the infantile tendency to seek the moral support and sympathy, during stress, of the more potent father or mother. This is to be seen in the tendency of the forlorn and discouraged to make fathers and mothers out of their physicians, priests and nurses. In other words, the autonomic coordinations that have been built up to win social esteem are the first to disintegrate under pressure of misfortune or disease. This failure of the *ego* is to be seen in the symptoms of depression and the hypochondriacal complaint. The weakness and confusion of the *ego* is complained of as "I feel," "I am," "I can't," "can you help me?" or "please help me," etc.

Considering the personality as a mechanism of *primary manifest wishes plus subsidiary wishes* (as the manifest *ego*) becoming superimposed, through compensation to avoid *fear of failure* upon the *repressed primary segmental wishes plus subsidiary wishes*, the fact that an injury, shock, stress, disease or drug tends to weaken or fatigue the wishes of the *ego* and permits the repressed wishes to force themselves into control of the final common motor-paths becomes intelligible; as compulsions or obsessions cause persistent, uncontrollable streams of thought and behavior. These, in turn, being intolerable to the *ego*, arouse more or less anxiety, complained of as disagreeable visceral sensations. Why should the functional integrations which constitute the *ego*, the "*I*," "*me*," "*myself*," become disintegrated by fatigue, drugs, toxins or injuries instead of the repressed craving? The explanation lies in the probability

that the integrations constituting the *ego* are only compensatory integrations which are developed to enable the organism to act as a unity and maintain biological fitness. This is necessary because individual autonomic segments tend to compel adjustments which may be punished, or may be dangerous, as indiscriminate evacuations, reckless indulgences, thievery, selfishness, cruelty, lying, sexual perversions, etc. The wish for the death of a child that binds the individual to an unattractive or impotent mate must be compensated against in order to control it, because it is reenforced by the sexual affections which urge the removal of the child. The delirious son, who, during a typhoid intoxication, hates and attacks (verbal) his father and will only permit his mother to nurse him, is an illustration of the old repressed craving of childhood for the mother's love attacking the rival (father) who claims her attention.

When taking anesthetics, it is not uncommon to hear patients, as they lose self-control (become unable to coordinate for the purpose of retaining social esteem) burst forth into a heedless exposure of their most carefully guarded secrets and repressions.

*In vino veritas* is the same in principle as *from delirium comes truth*. The delirious alcoholic, who is on the verge of collapse from the fear of assault by serpents, beasts, giants, fiends, engines, is the victim of his homosexual cravings to be sexually overcome by a potent male. The delirious female, who, following parturition, becomes the bride and love-object of God (the father), is the victim of the repressed wish of childhood, to become the love-object of her father.

*The rational therapeutic procedure, in all cases where the functional integrations of the ego are too depressed and weakened to control the segmental craving, is to eliminate the toxin and restore the organic vigor of the individual first.*

*This is best done by protecting the patient from causes of fear and anxiety while reconstructive measures are used.* If the patient is enjoying an incestuous liaison, careful nursing and patience with the most careful avoidance of censure, even if masturbation should occur, is necessary. This behavior will nearly always stop as the repressed cravings of preadolescence become gratified. The danger lies, not in the self-indulgence, but in the stimulation of horror by the criticisms of sanctimonious prudes. The patient, in my experience, will sooner or later beg relief from

the compulsion. Then comes the stage of the psychoanalytic procedure (Cases CD-2, HD-1, HD-4, PD-33).

*So long as the delirious patient can be kept happy and fear or hate is avoided, the prognosis is good if organic destructions do not occur.*

The best methods of restoring the patient's capacity to control his overt behavior, following the loss of self-control during disease, injury, stress, or shock, are principally *rest in bed*, good food, sunlight and fresh air, *eliminative and tonic drugs*, and *congenial, sympathetic nursing*. Sedatives may be cautiously administered for insomnia when the patient is anxious, but not when happy. It is far better to let the patient go the limit of his whims if he feels compelled to do so despite persuasion. Hydrotherapy, mechanotherapy, electrotherapy, massage, and delightful (*play*) occupations are always valuable in restoring vigor and distracting the patient from the conflict.

The capacity to control repressed cravings varies enormously for different individuals and for the same individual at different times. This capacity seems to depend upon such complex factors as fatigue, toxemia, misfortunes, the summation of the repressed cravings, the efficiency of the compensatory strivings, and the encouragement the latter receive from individuals upon whom the patient is dependent for affection (friendship). The establishment of the *altruistic transference* is essentially the foundation of suggestive therapeutics and faith cures. Suggestions have no value unless made when the patient is in an impressionable (receptive) attitude toward the physician (*en rapport*). The suggestions made when the patient is feeling obstinate, or, more technically, negativistic, often arouse compulsions to do the opposite.

Freud first appreciated the significance and mechanism of *transference*, and cautiously warned against its indiscriminate cultivation, because suggestions, under such conditions, might influence the patient to attempt to do what pleased the physician even though it would be unsatisfactory. This is the *great danger* in suggestive therapy and is not usually recognized because the difficulties suggestions cause do not often follow immediately and are not attractive to the erring physician.

It is a matter of ordinary common sense to recognize that no physician would care to expose his secret personal inferiorities to another physician if the latter had merely a technical interest

in the case and no friendly sympathy for the difficulties, or if he entertained secret aversions for them. The physician should not expect a refined woman to reveal autoerotic or prostitution crav-



Fig. 87.—Aesculapius as the restorer of virility and happiness like Hygiea enables the serpent to feed and drink from the dish.

ings, or a man to confess, or even to recognize, that he is suffering from homosexual cravings without first winning the patient's confidence and respect. Neither may the medical profession expect a

physician, who fears a tendency to regress to homosexual cravings and has no insight, to become able to psychoanalyze a male patient having similar difficulties, or ever to give an unprejudiced opinion for or against the case. The mechanism of the transference would prevent it. The physician's sympathy for a distressed patient eventually makes him aware of his own abnormal difficulties as the patient relates the details of his inferiority. If this becomes unendurable, the physician's defense shows in the form of some disgust-expressing mannerism, intonation of voice, or sarcastic cast of a question, or a superior self-installation in the advice. The physician who has really mastered himself and has clear insight into his own inferiorities and defensive compensations, and does not have to keep concealing them from the patient, can psychoanalyze the patient; but just so soon as he becomes preoccupied with his own difficulties, the psychoanalysis becomes automatically stopped by the patient becoming *uneasy* or *inquisitive*. It is necessary to feel a sincere interest, not a mawkish sympathy, in the welfare and difficulties of the patient, and absolute freedom from personal resistances, or it is not justifiable to undertake the psychoanalysis of the case. In fact, the disastrous consequences of an experimental psychoanalysis are comparable to the tragedies of major surgery when practiced by a tyro. However, psychoanalysis is so important that it must be learned and practiced by specialists, and understood by the profession.

The psychoanalytic procedure becomes valuable in most cases just in proportion as the patient *spontaneously* desires to understand his difficulties and is willing to talk over whatever may pertain to them. So soon as he shows *resistance*, in the form of indignation or a tendency to change the subject, it is important to await the disappearance of the resistance before urging further inquiries or recollections. No matter what the difficulty of the individual, it may be analyzed so long as he *spontaneously* desires it. The essential aim of the psychoanalyst is to enable the patient to *become conscious of the repressed craving* and to permit it to say what it wishes without restraint of the affect. This permits the *assimilation* of the *repressed affect* into the *ego*; that is, theoretically, *the dissociated or repressed autonomic functions are thereby enabled to become integratively associated with the autonomic functions which constitute the ego, as a part of the ego in its common strivings.*

When the distressing tensions of the repressed segmental autonomic functions and their obsessive influence are relieved, the neurosis disappears; the individual's compulsion, by a "foreign influence" to perform an intolerable act, no longer exists. The personality, thereby becoming integrated into a unity, becomes able to coordinate itself much more efficiently for the pursuit of its social career, and the autonomic segments are able to freely cause awareness of their needs.

The psychosis (Case PD-33), when this stage of reconstitution or reintegration of the personality is reached, often changes to a suppression neurosis, in which hallucinations and delusions no longer exist, but a tendency to anxiety may remain. Further psychoanalytic procedure usually enables the patient to make a complete affective readjustment and a final selection of his social-biological career. He either becomes able to renounce his *envy* for his father or brother or, if the distress is due to an obsessive or perverted *love*, he becomes able to make a decisive social readjustment and sublimate his love craving by concentrating his interests upon altruistic work which he feels will please his love-object, as the father, mother, physician.

The psychoanalytic procedure is essentially a therapeutic procedure if adequately carried out. The *recognition* of the significance of the repressed craving or the recall of the forgotten conditioning experience is, however, not sufficient. The therapeutic result occurs in the form of relief from the autonomic tension upon permitting the affect free play; that is, by allowing the hypertense autonomic segments to *dominate the speech motor-apparatus* and thereby make a common adjustment with the great tendencies of the remainder of the autonomic apparatus. This greatly reduces the necessity for disguising compensations, as the hiding of anger or fear when again meeting an old embarrassing situation.

The necessity of speaking seems to be due to the fact that in modern civilization the prime weapon of social offense and defense is *speech*. From infancy, the individual should be, and usually is, encouraged to speak according to the dictates of his feelings; hence, the socialized *ego* is developed about the autonomic affective use of the speech apparatus (much of the content of consciousness being constituted of word sound and sign images). It is often in the struggle to speak, or to keep from speaking, according to the

dictates of the affect, that the causes of much of the discomfort and preoccupation rest. When we are prevented from speaking to satisfy our justifiable anger, we become obsessed with uncomfortable laryngeal and thoracic tensions in the presence of the assailing or, conversely when we have impulsively betrayed our secrets through yielding to the wish to speak, we often feel inferior and uncomfortable. The therapeutic value of the confessional, in which the feeling of having betrayed the struggle for social esteem by a sinful act is removed by the penitent confession of the act or thought to one who is loved and respected, lies in the affective readjustment that follows.

Patients are often considerably benefited by writing out their difficulties; but not until they become able to speak of them without effort at self-control and yet without anxiety, do they really master their reactions to society's conventions.

In a book of this nature, wherein psychopathological mechanisms are studied in detail, it is not suitable to consider the technique of psychoanalysis. There are at present a series of excellent monographs to be had on the subject, and the reader is referred to them. Freud, Jung, Pfister, and Jelliffe have given us excellent presentations of the *psychoanalytic* method, and the writings of Dubois, Janet, Prince and Sidis, Weir Mitchell and Dercum present well the *suggestive* method of psychotherapy.

Psychoanalysis is essentially based upon inducing the patient to permit, *through free association of thought*, the repressed affect to cause him to become conscious of its influence and needs. This is often very difficult, because, when once repressed, the reflex tendency is to avoid reexperiencing painful or embarrassing situations or memories of them, particularly when the individual is confronted by a critic or censor. *Psychoanalysis, as such, does not occur until the spontaneous, free association of thought is made by the patient*, and it is just in this fact that most experimentors with psychoanalysis blunder, and defensively assuming themselves to be qualified in such psychotherapy, having read an article or so on the subject, they attack it as nonsense or dangerous. Psychoanalysis, like surgery, is an extremely important therapeutic measure when carefully used by a duly trained physician. Often it is necessary to conduct the psychoanalysis through a medium, because the patient is unable to trust himself or herself to the psychoanalyst, or, more frequently, the psychoanalyst is not able to endure the pa-

tient's *transference*, because of his personal difficulties; both situations preventing the patient's spontaneous associations of thought.

In Case CD-1, the patient's fiancée induced him to confess his troubles and inferiorities to her, and she, in turn, discussed them with me. In this manner, I was able to direct his study of himself until he developed considerable insight into his psychosis. In Case HD-1, when certain experiences were recalled, the patient was unable to discuss them with me even though they worried her constantly, but she obtained relief from the obsession through telling her husband. I have frequently used men and women physicians as mediums for the analysis, because I was either unable to manage the transference, or the patient could not disregard some personal attribute about myself that acted as a censor, being conditioned to associate it with a previous censor. *The use of a fiancé or mate for the analysis is only safe when the healthy mate is actually in love with the patient.* This is a rare situation, the fact that the mate does not love often being a factor in the psychosis.

The hallucinations, delusions, creations, and dreams, when the wish-fulfilling attributes can be analyzed out, are by far the most satisfactory means of getting at the needs of the repressed affect and the compensatory striving. Word association tests are often valuable, but are inclined to encourage guessing upon the part of the physician. It is never profitable to tell the patient your impressions of his difficulties, because he is almost sure to use what is said, if it is wrong, as a defense, or a means of evading responsibility. In conclusion, few physicians can expect to become good psychopathologists or psychoanalysts, because the work requires an unusual freedom from prejudice and sound self-control with an earnest, vigorous desire to assist the prejudiced, the depressed and the perverted to readjust so as to become able to live constructive, comfortable lives. The work requires *often* an unusual sympathy for and insight into human nature in the face of the most odious revelations of feeling that may possess humanity.

### **Responsibility of Penal Institutions and Asylums**

In regard to the management of patients we have found in Saint Elizabeths Hospital that confused males who are fearful of their ability to control their cravings to submit themselves to homosexual seductions are greatly relieved by being attended or

supervised by a female. The more maternal she is in her personal attributes the more successful her influence. The narcissistic or homosexual type of female nurse is of little value in such cases. The patient apparently does not feel confidence in her presence because he can not trust her sympathy. Similarly, the female patient who is in a panic because of fear of homosexual assault will attack (defensive) female physicians and nurses when they approach her, but will show signs of relief when attended by a male physician.

On the other hand, male and female patients who are actually heterosexually erotic (they must be discriminated from the individuals who affect heterosexual interests in order to hide their homosexual difficulties), often become difficult to control when a nurse or physician of the opposite sex supervises their treatment.

In all cases of dissociated personalities, as soon as the organic functions are vigorous enough to endure work, the patient should be given *individual* attention and *persistently* induced to *work* and *play*, with the idea of getting back into the social herd. The tendency to show this interest comes, more or less vigorously, in most cases of dissociation of the personality, and, if it is not judiciously heeded by the physicians and nurses, the tide of affective interest in reconstruction may again regress and the case become incurable (Case HD-3). It is just in this principle of psychotherapy that most state institutions are *deplorably* inefficient. The reconstitution of the dissociated personality should be the principal interest of the medical and nursing staff of the state institution and occupy most of their time and work. At present, despite the imposing demonstrations of crafts at the meetings of the psychiatric societies, the practice of reconstitution and insight into its principles is far from being truly efficient and intelligent. This is probably due to the fact that special work of this nature would require considerable increase of expense to the state until it is well established, and it requires years to overcome inherent institutional prejudices. After the preliminary expense, however, an enormous yearly per capita expense would probably be saved by the reduction of the number of chronic and confined cases. Every institution that is maintained by the state or a society for the compulsory confinement of patients is obligated by the nature of its trust to provide a means for the patient's return to society and respectable self-sustainment there.

Not until every institution has erected a vocational department in the most imposing architectural structure on its grounds and maintains an adequate vocational bureau, the sole business of which is to secure employment for its efficient members in the factories, shops and fields of the people of the state, can the physicians, lawmakers and custodians of the state be considered to have fulfilled their obligations to its mentally diseased citizens. We have shut our eyes to the tremendous obstacles and prejudices the psychopath must overcome to regain the confidence of the people. The conviction of having lost social esteem is most seriously depressing to his *ego*.

It is also of the utmost importance, because money is the most practically useful of all encouraging instruments for winning social esteem, that the state shall pay its patients according to the work they do, and establish a bureau for selling their products. In this manner, above all others, will the patient regain confidence in his ability to win social esteem and a means of maintaining his personal independence. The additional intricacy of institutional management, under such conditions, can not be justifiably considered as a hindrance, because returning the helpless individual's status to that of social usefulness is the first duty of the physician and the administrative department of the institution.

These innovations would have a direct bearing on the sexual lives of the confined men and women. It is an incontrovertible fact that most males and females, normal or abnormal, when permanently sexually isolated and prevented from sublimating the sexual cravings, revert to homosexual perversions or masturbation. At present, society confines the criminal and the insane to reform or cure him, but in actual practice, by depriving him of the privilege of improving himself and his resources through remunerative work, forces him to *degenerate* to an even lower sexual and social level. The confined should be encouraged to earn money, and master themselves, instead of being herded together, dressed in misfit, slouchy garments, and forced to entertain themselves with brooding and autoerotic fancies. It is certainly impossible for society to offer any man sexual inducements of any sort, but it is vitally important that society should not put up barriers which prevent the individual from entertaining a reasonable hope that some day he may win a love-object and therefore he should keep himself fit, because this alone keeps him from degenerating.

The solution of the progressive tendency to cultivate abnormal variations in human behavior, that is, more specifically, asocially conditioned and biologically perverted autonomic cravings, is in the organically normal, a matter of *influence of associates*, hence, is, broadly, *an educational problem*. The psychopathologist must recognize that all individuals (parents, teachers, playmates, unknown members of the community, writers, actors, etc.) who, in any manner, induce the individual to adopt or avoid certain social interests or methods of self-expression, through any method that influences him either consciously or unconsciously, are his associates. For example, certain orders of monks have isolated themselves in monasteries and are supposed to live there a voiceless existence to counterinfluence the speech sins of people whom they have never seen or known.

### **The Biological Castration Influence of Present American Educational and Social Tendencies**

In America, it is a common observation that the general biological careers of the last three generations are markedly different from one another in certain critical respects. Particularly is this true for the play interests, the manner of self-display and the interest in children. The present tendency is decidedly toward a radical increase in self-exhibitionism in the form of multifarious changes in styles of clothing, despite its enormous waste of energy and economic resources. The increasing craving for newspaper recognition and social notoriety, prompting a wider and wider range of mingling with associates for novel entertainment, and a mania for automobiles, magazines, novels, movies and social-political affiliations, are resulting in a decided decrease of interest in reproduction of the species; offspring per pair having been greatly reduced despite the enormous increase of power in controlling the forces of nature. This is essentially the result of at least two great social factors. One is the tendency in America of placing children under the direct influence of non-reproductive teachers who are either homosexual or too self-centered to be able to marry and reproduce, or who do not dare to have children because of the certainty of being ostracised as teachers with the loss of the privilege of practicing their vocations and earning a livelihood, or who have no sincere interest in teaching or in the social development of the child.

In New York City, the trustees of the New York schools in-

delibly impressed upon hundreds of thousands of school children their disfavor of motherhood by their attempt to remove a teacher who had asked for several months' leave of absence in order to give birth to a child. This single act, of the wise fathers of education, will probably, by its subtly implied sentiment, counterinfluence years of propaganda directed against race suicide. It is not what is said or done, but the affective attitude with which people do things, that impresses the youth despite all platitudes and explanations. Ascetic males and females, whether covered with cassock or not, stand as diverting examples of biological non-reproduction if their lives are comfortable. The unmarried, the mainstay of the American public school system, can not avoid, because of their eternal examples, becoming a sterilizing influence upon the species. For the woman, if she will maintain the appearance of social propriety, the tendency in children toward a certain degree of affective convergence upon the pelvis, which is vitally essential for a successful parenthood in the future, is a desecration of her ideals of decency. She is compelled, unconsciously, to defend her ideals in order to protect herself from feeling that she is functionally inferior. The homosexual males, many of whom become teachers, by upholding intellectual development to the youth as the only ideal of the race, support the movement to sterilization. Hence married teachers, who are parents, offer the best solution.

The child, surrounded in its growth, from preadolescence to maturity, by ascetic trainers of its biological career, can not help but become conditioned to crave a career which would be decidedly imposed upon by the sacrifices and distractions of parenthood. On the other hand, supporting this influence, is society's rush for the accumulation of money and pleasures and the inane tendency to estimate the individuals' social capacities by the clothing they wear, the words they use, and the money they spend. The child is naturally a distracting menace to social climbing and self-indulgence, and, as such, is decidedly unwelcome. The direct effect of these conditions is to be seen in our large cities, where one may walk for blocks in the residential districts occupied by middle-class and wealthy American couples and see very few or not any children at play. These people, as mates, have become conditioned to have for their chief interests in life, the struggle to earn and spend money in order to maintain a popular social standard.

The ultra-rich, many women of which class have very few children and rarely nurse any of them, are largely preoccupied with social intrigues and anxiety neuroses.

We have the ascetic minister's preachment for unlimited families (he, not having to endure the pains and privations of such ordeals, can enjoy preaching them), and the overly burdened woman's demand for the right of birth control, pleading that unless life is made worth living for herself it can not be worth giving birth to children who are doomed to social and functional inferiority.

Out of this biological chaos of commercialized, loveless marriages and sterilized ideals are produced the insane and the criminal. Already more money must be spent upon the state's asylums and criminal institutions than is spent upon her institutions for higher education. The disease, for it is actually a social tendency to functional abortion, is too deeply rooted and intricate to be rectified by anything but an unusually profound, persistently maintained, general social readjustment. The existence of the child, the affections of the child, and the racially constructive biological career of the individual during maturity must become the religious-social ideal of humanity. Less energy must be devoted to the glorification of religious fantasy and economic display, and, in its place, the *virility, goodness and happiness* of the individual must be directly, frankly worked for and jealously guarded from being misled by asceticism or exploitation. Otherwise, the American people can not readjust to a normal biological course and the heritage of the continent must pass on to the more primitive European immigrant.

The most practical methods for bringing about a healthy readjustment must be solved by the people through the serious, impartial reconsideration of social and religious ideals and conventions.

Since an enormous proportion of psychopaths and criminals are the offspring of loveless marriages, and, since many people, because of the prudish or vulgar manner in which they are raised, often can not know whether or not they actually love each other until sometime after trying marriage, either trial marriages and easy divorces must be practiced or the entire educational system must be readjusted, including teachings and teachers, so that stern biological facts may take precedence over half-religious fantasies. Social conventions must be reorganized for furthering the pro-

gressive refinement of the biological career of the individual. Only a generation ago it was considered a moral crime for a physician to advise an abortion in order to save the life of the mother, or for the mother to take an anesthetic during labor. It is now becoming evident that the physician must assume the responsibility of advising divorces as well as marriages, for wretched people who are mismated. This must be done to protect the suppressed individual as well as to save the affections of the child. When granting a divorce the court should *never* expose the child to two conflicting parental influences. This is almost certain to so confuse the affective interests of the child that when it becomes an adult it will not be able to find its place in nature.

A new movement is to be seen in the general encouragement of domestic science in our public schools, the institution of more courses in biology, nature study, athletic training and attractive self-expression in voice, movement and crafts, and the dilatory attempt to teach the truths about the sexual functions. In collegiate education, however, we still find the ascetic, biologically abstracted professor teaching vague notions about a castrated ethics instead of defining for the youth a clear ideal of the most efficient means for realizing a healthful, virile, refined biological career.

The autonomic functions of the youth should be so conditioned (trained) that they may vigorously, frankly seek for and create such social conditions as will most thoroughly gratify their vital affective needs. The implications of such striving by the individuals of the herd must necessarily be such as to bestow upon the race and the individual himself the most constructive and healthful influences and the most satisfactory sense of virility, goodness and happiness. We must not forget that we, as animals, lived infinitely longer as apes than ape-men, and less time as men. We have only recently learned to wear clothing, use comforting symbols and create media for the transmission and transmutation of the forces of nature. We must recognize that the sexual affections are still the greatest constructive forces of the personality if properly conditioned and adjusted, but also that they may become the most insidiously, irresistibly destructive if perverted or unconditionally repressed. This statement is based upon the personal study of more than two thousand psychopathic and criminal personalities of many nationalities and intellectual levels.

Much has been written as to the utilitarian value of art, lit-

erature, religious ritual, and communistic forms of worship. Some maintain that purity in music, art, literature and religion requires that their motifs and expression shall not be measured by their utility but shall transcend all other human interests and be created to please feelings ("Soul") that have no relationship to the striving emotions. For such sickly claims for art, etc., the author has no comment except that the view seems to contain the same pleasure principle as the compensatory autoerotic fantasy, the sentimentalist accrediting the fantasy with a transcendental value after having disguised its previous affective value for himself.

The utilitarian view of the artistic and religious sublimations is supported by the fact that the loss of a love-object (through death, desertion or disinterestedness) causes, in proportion to its affective value, more or less severe autonomic tension and discomfort, which is greatly relieved by finding or creating a substitute. The creation of substitutes for unattainable love-objects or to perpetuate the perishable memories of the love-object essentially constitutes art and religious ritual. The comforting value of pastoral scenes and lyrics to the bereaved or tired autonomic functions, or the invigorating influence of martial music and heroic figures for the oppressed, or the social and moral justification of decisive actions can be seen throughout artistic creations and rituals. Just as the individual's creation pleases the needs of the greater number it becomes immortalized. The savage's fetich and weird incantations have a splendid *psychotherapeutic value* in invigorating the autonomic functions that tended to become depressed by the insidious influence of unavoidable dangers (lurking animals, diseases, droughts, floods, storms, the night, death, sterility, tribal intrigues, slavery, etc.). In our present social system, that besets civilized man with the incessant dangers and temptations of social intrigues, any communistic or religious ritual, or philosophy, as masonry or catholicism or monism, or any art, as the drama of Shakespeare or the sculpture of Rodin, which tends to cultivate similar ideals in the people, furthering the brotherhood of man, has a tremendous psychotherapeutic value.

When the value of art and song and ritual, as stimuli to the striving autonomic apparatus, is considered, then we appreciate that civilization could not possibly be maintained for even one generation without such creations. American civic centers will not be half developed until the supreme interests of the different

types are given overt expression in athletic stadiums, civic theatres, art galleries, music halls and gardens, parks and libraries.

The solid convergence of the affections of the people upon constructive esthetic interests has a tremendous influence in preventing social situations that are conducive to distrust, hatred and intrigues, or sexual perverseness and social degeneration. An overconvergence of the puritanical type, because eventually this course tends to become repressive and sterilizing (my cases show that it gradually tends to biological abortion after a few generations), is certainly as disastrous as exploitation and dissolute wastage. Man, in his eternal struggle to transcend his former state and progressively refine his nature, must neither cut himself off from, nor waste, the sexual affections that made his existence and personal development possible.



## BIBLIOGRAPHY\*

- ABRAHAM, K.: *Dreams and Myths, Nervous and Mental Diseases Monograph Series, No. 15.*
- ADLER, A.: *Study of Organ Inferiority and Its Physical Compensation. Nervous and Mental Disease Monograph Series, No. 24.*
- ADLER, A.: *The Neurotic Constitution, Moffat Yard & Co.*
- BJERRE, P.: *The History and Practice of Psychoanalysis, Richard G. Badger.*
- BLEULER, E.: *The Theory of Schizophrenic Negativism, Nervous and Mental Disease Monograph Series, No. 11.*
- BRILL, A. A.: *Psychoanalysis, W. B. Saunders Co.*
- BROWN, S.: *Sex Worship and Symbolism of Primitive Races, Richard G. Badger.*
- BRUCE, H. A.: *Handicaps of Childhood. Little, Brown & Co.*
- BROWN and WILLIAMS: *Neuropsychiatry and the War, National Committee for Mental Hygiene.*
- CANNON, W. B.: *Bodily Changes in Pain, Hunger, Fear, Rage, D. Appleton Co.*
- CARLSON, A. J.: *The Control of Hunger in Health and Disease.*
- CLARK, L. P.: *Clinical Studies in Epilepsy, Psychiatry, Bulletin, 1916, ix.*
- DERCUM, F. X.: *A Clinical Manual of Mental Disease, W. B. Saunders Co.*
- ELLIS, HAVELOCK: *Psychology of Sex, Philadelphia, 1905.*
- FRAZER, J. G.: *Golden Bough, ed. 3, i.*
- FERENCZI, S.: *Contributions to Psychoanalysis, Richard G. Badger.*
- FREUD, S.: *Three Contributions to the Sexual Theory, Nervous and Mental Disease Monograph Series, No. 7.*
- Selected Papers on Hysteria and Other Psychoneuroses, Nervous and Mental Disease Publishing Co., No. 4.*
- Origin and Development of Psychoanalysis, Lecture delivered at Clark University, Worcester, Mass., September, 1909.*
- The History of the Psychoanalytic Movement, Nervous and Mental Disease Monograph Series, No. 25.*
- The Psychopathology of Everyday Life, Macmillan Co.*
- Totem and Taboo, Moffat Yard & Co.*
- Leonardo da Vinci, Moffat Yard & Co.*
- Delusion and Dream, Moffat Yard & Co.*
- Wit and the Unconscious, Moffat Yard & Co.*
- Introduction to Psychoanalysis.*
- FRINK, H. W.: *Morbid Fears and Compulsions, Moffat Yard & Co.*
- HART, H.: *The Psychology of Insanity, Cambridge, University Press.*
- HITSCHMANN, E.: *Freud's Theories of the Neuroses, Moffat Yard & Co.*
- HIGIER, H.: *Vegetative Neurology, Nervous and Mental Disease Monograph Series, No. 27.*
- HOLT, E. B.: *The Freudian Wish, Henry Holt & Co.*
- HUG-HELLMUTH, H. VON: *A Study of Mental Life of the Child, Nervous and Mental Disease Monograph Series, No. 29.*

---

\*For a more extensive bibliography of papers and publications on subjects pertaining to psychoanalysis, see Tridon's Bibliography in his book on Psychoanalysis.

- KRAFT-EBBING: *Psychopathia Sexualis*, Rebman Co.
- JANET, P.: *Major Symptoms of Hysteria*, Macmillan Co.
- JELLIFFE, S. E.: *The Technique of Psychoanalysis*, Nervous and Mental Disease Monograph Series, No. 26.
- Some Notes on Transference, *Journal of Abnormal Psychology*, viii, No. 5, p. 302.
- The Role of Animals in the Unconscious, *Psychoanalytic Review*, 1917, viii, No. 3.
- Psychotherapy and the Drama, *New York Med. Jour.*, September, 1917.
- JONES, E.: *Papers on Psychoanalysis*, William Wood & Co.
- JUNG, C. G.: *Psychology of Dementia Præcox*, Nervous and Mental Disease Monograph Series, No. 3.
- Psychology of the Unconscious*, Moffat Yard & Co.
- Analytical Psychology*, Moffat Yard & Co.
- KEMPF, E. J.: *The Autonomic Functions and the Personality*, Nervous and Mental Disease Monograph Series, No. 28.
- LAY, W.: *Man's Unconscious Conflict*, Dodd, Mead.
- MCCURDY, J. T.: *A Clinical Study of Epileptic Deterioration*, *Psychiatric Bulletin*, 1916, ix.
- War Neurôses*, *Psychiatric Bulletin*, 1917. i.
- MAEDER, A. E.: *The Dream Problem*, Nervous and Mental Disease Monograph Series, No. 22.
- PFISTER, O.: *The Psychoanalytic Method*, Moffat Yard & Co.
- PRINCE, M.: *Psychotherapeutics*, Richard G. Badger.
- PUTNAM, J. J.: *Human Motives*, Little, Brown & Co.
- RANK, O.: *The Myth of the Birth of the Hero*, Nervous and Mental Disease Monograph Series, No. 18.
- RANK, O., AND SACHS, H.: *The Significance of Psychoanalysis for the Mental Sciences*, Nervous and Mental Disease Monograph Series, No. 23.
- RICKLIN, F.: *Wish Fulfillment and Symbolism in Fairy Tales*, Nervous and Mental Disease Monograph Series, No. 21.
- ROBLE, W. F.: *Rational Sex Ethics*, Richard G. Badger.
- SHERINGTON, S. C.: *Experiments on the Vascular and Visceral Factors for the Genesis of Emotion*, *Proceedings of the Royal Society*, lxvi.
- Postural Activity of Muscle and Nerve*, *Brain*, xxxviii, part III.
- Integrative Action of the Nervous System*.
- On the Proprioceptive System, Especially in its Reflex Aspect, *Brain*, xxix, No. 4.
- SILBERER, H.: *Mysticism and Its Symbolism*, Moffat Yard & Co.
- STEKEL, W.: *Die Sprache des Traumes*, Wiesbaden, 1911.
- TRIDON, A.: *Psychoanalysis*, Heubsch.
- VON BECHTEREW, V. M.: *La Psychologie Objective*, Chapt. IX.
- WATSON, J. B.: *Psychology*, J. B. Lippincott Co.
- WALL, O. A.: *Sex and Sex Worship*, C. V. Mosby Co.
- WHITE, W. A.: *Outlines of Psychiatry*, Nervous and Mental Disease Monograph Series, No. 1.
- The Mental Hygiene of Childhood*, Little, Brown & Co.
- Principles of Mental Hygiene*, Macmillan Co.
- Mechanisms of Character Formation*, Macmillan Co.
- WHITE, W. A., AND JELLIFFE, S. E.: *Diseases of the Nervous System*, Lea & Febiger. \*

## INDEX

### A

Abdominal distress, 98  
 Adler, 181  
 Adolescent period, 131  
 Affective adjustments, 61, 66, 314  
     conflict, 104  
     dependence, 89  
     progression, 68  
     reactions, 314  
     reformation, 227  
     regression, 68  
     state, 27  
 Alcoholism, 325, 423, 469, 493, 674, 691  
     as a defense, 463, 471  
     brutality with, 662  
 Amnesias, 724  
 Amulet, 169  
 Anesthesia, 49, 297, 308, 722  
 Anger, 24, 25, 241, 303, 709  
 Anxiety, 24, 56, 201, 700, 704, 730  
     chronic, 224, 251, 287  
     symptoms, 201, 485, 538  
 Apathy, 730  
 Apperceptive capacity, 63  
 Apprehension, 500, 575, 730  
 Arrrogance, 518, 526, 527, 530, 535  
 Art, 65, 174  
     utility of, 750  
 Asocial tendencies, 104, 748  
 Assaults, 465  
 Association test, 514  
 Asylums, 743  
     inefficiency in, 744  
 Athletic interests, 158  
 Autoerotic cycle, 563  
 Autonomic affective stream, 52  
     apparatus, 6, 21  
     as asocialized unity, 55  
     mechanism, 9  
     pressure, 702  
     adjustment to, 711  
     segment, 21  
     pathological tensions of, 185  
 Aversion, 304

### B

Beard, 594, 595, 597, 598, 604  
 Beating head, 322, 491, 506, 512  
 Bechterew, 9, 10, 36  
 Behavior, 69, 74  
 Benign compensations, 353  
     mechanism, 710  
 Biological crucifixion, 562  
     principles, 119  
 Birth control, 748

Bisexuality, 120, 362, 501, 563, 575, 576,  
     578, 639, 691  
 Bluffing, 165, 407, 465, 491  
 Body, 7  
 Booth, 447  
 Boring into scalp, 373

### C

Case history, 713  
 Cannon, 9, 23, 202, 303  
 Carlson, 23  
 Castration, 293, 322, 325, 330, 450, 453,  
     600  
     as cure of masturbation, 671  
     disguised, 318  
     fancies, 678, 681, 690  
     fear of, 486, 495, 497, 499, 502, 544  
     psychic, 94, 96, 457  
 Catatonic adaptations,  
     as a defense, 570  
     cause of, 566, 614  
     in monkeys, 556  
     prognosis in, 613  
     reconstruction after, 566, 576, 588  
     transitory nature of, 568  
     stupor, 564, 587  
 Centauress, 370, 373, 587  
 Charm, 167  
 Christ, 416, 499, 544, 562, 673, 685, 689  
     bisexual, 578  
     simulation of, 594, 601, 604, 607, 611  
 Classification, 190  
 Clothing,  
     careless, 500, 546  
     grotesque, 675  
     loose, 662, 674, 676, 677, 682, 683  
     meaning of, 678  
 Compensation, 1, 38, 69, 70, 165, 180, 184,  
     203, 268, 292, 730  
     asocial, 551  
     autonomic, 701  
     for impotence, 425, 604  
     for sexual inferiority, 438, 449, 458,  
     550, 596, 664  
     for waste of masturbation, 598  
     in arteriosclerosis, 475  
     in paresis, 473, 474  
     moral, 656  
     sexual excesses as, 463  
     psychoses, 420, 711  
 Compensatory striving, 53, 78, 245, 383,  
     449, 470, 516, 552, 592  
 Competition, 180, 243

## Complaints, 202

bad blood, 326, 524  
 bad dreams, 488, 500  
 blood carbonated, 689  
 body destroyed, 563  
 bones broken, 563, 588  
 brain fog, 357, 582  
 burning, 366, 490, 513, 588, 639  
 cardiac distress, 51, 561  
 choking, 327, 329, 332, 366, 490, 493, 583, 632  
 confusion, 487, 561  
 constipation, 616, 676, 683, 692  
 contamination, 294, 564, 586  
 crying, 485, 547, 563, 601, 606, 630, 692  
 depression, 485, 487, 493, 547  
 dizziness, 485, 492, 521  
 dope, 484, 492, 497, 521, 631  
 dying, 327, 332, 493, 521, 540, 563, 602, 672  
 electricity, 366, 396, 460, 461, 467, 501, 508, 544, 603, 607, 677, 689  
 eyes destroyed, 588  
 falling, 332  
 gasping, 327  
 gastric discomfort, 81, 366, 485, 489, 492, 500, 561  
 hair in throat, 377  
 hatred, 297  
 headache, 513, 563, 581  
 homesickness, 493  
 hot blood, 585  
 hot hands, 649  
 hypnotic influence, 396, 479, 484, 518, 527, 542, 566, 585, 603, 606, 639, 672, 683  
 inability to work, 492, 582  
 initiation, 479, 485  
 injections, 493, 500  
 insomnia, 357, 460, 478, 487, 493, 546, 592, 702  
 itching, 299  
   anal, 674, 687  
   nasal, 674  
 jerking, 297, 330  
 poison, 338, 359, 460, 480, 487, 562, 631  
 queer feelings, 485  
 respiratory distress, 330, 561  
 restlessness, 357, 478, 493, 702  
 shock, 337  
 sinking feeling, 281  
 stiffness of neck, 338, 366, 538, 582  
 strangling, 330  
 torture, 338, 692  
 vomiting, 299, 485, 492, 563, 631  
 weakness, 485, 501, 529, 563, 582, 595, 603, 678

## Compulsions, 289, 292, 730

cleansing, 292, 294, 359, 662  
 initiation, 560  
 prostitution, 399  
 to eat plants, 596

## Compulsions—Cont'd

to lie, 593, 730  
 to remove clothing, 337, 340, 391, 560, 672, 673, 676, 678  
 Conditioned cravings, 11, 400, 625  
 Conditioning, 36, 37, 314, 533, 699  
 Confession, 366, 561, 601, 606, 634, 657  
   recovery through, 612  
 Confusion, 495, 559, 637, 654, 657, 680  
 Consecration, 230, 434  
   content of, 33, 35, 50  
   control of, 420  
   nature of, 31  
   of self, 13, 32, 128  
 Constitutional inferiority, 80, 206, 250, 547  
 Conversion mechanisms, 5, 291, 316  
 Convulsions, 297, 685, 688, 729  
 Craving, 9, 22  
   acquisitive-assimilative, 24  
   allied, 28  
   antagonistic, 28  
   autonomic affective, 24, 698  
   emissive-avertive, 24  
   for manipulation, 556, 561  
   for social esteem, 53  
   incestuous, 105  
   neutralization of, 122  
   segmental, 21, 54  
 Crile, 33  
 Crucifixion, 90, 103, 254, 285, 333, 449, 596, 602  
   as an atonement, 320, 326, 608  
   as sexual submission to the father, 562, 569  
 Cruelty, 662, 675  
 Cutting wrists, 323, 326

## D

Darwin, 208  
 Death (see complaints)  
   significance of, 664, 732  
 DeBoer, 30  
 Decadence, 156  
 Defective heredity, 80  
 Defense mechanisms, 315, 588  
   bluffing, 465, 491  
   compensation, 392, 408  
   insanity, 498  
   wit, 568  
 Degeneration, 745  
 Degradation, 258, 341, 585, 597, 640, 663  
 Delirium, 66, 584, 657, 714, 734  
 Delusions (see complaints), 66, 292, 401, 704, 715, 726, 729  
   about food, 500, 585  
   broken pills, 481  
   cream, 480, 482  
   dope, 480, 492  
   drugs, 480, 492  
   filth, 455, 480, 492  
   flint, 369  
   poison, 480, 487, 493, 540, 602

Delusions—Cont'd  
 powder, 480, 482  
 saltpetre, 480  
 spue, 542  
 stuff, 480, 492  
 of assault, 452, 454, 486, 495, 497,  
 501, 541, 639, 689  
 anal, 692  
 oral sexual, 631, 632  
 of death, 573, 660  
 of infant, 660  
 of love objects, 560  
 of eating infant, 642  
 of mate's infidelity, 386, 433, 460, 464,  
 595, 604, 690  
 of persecution, 519, 539, 549, 665, 674,  
 688  
 by secret societies, 530, 541  
 systematization of, 717  
 unsystematized, 562  
 of reference, 359, 469, 508, 521, 524,  
 530, 543, 630, 683, 731  
 wishfulfilling, 388  
 Dementia præcox, 192, 712  
 catatonic, 714  
 hebephrenic, 714  
 paranoid, 516, 518  
 Depression  
 anxious, 353  
 without fear, 379  
 Destructiveness, 693, 696  
 Disgust, 25  
 Dissociation, 4, 12, 129, 339, 449  
 chronic pernicious, 516  
 mechanism of, 693, 703  
 significance of "they," 65, 664, 670  
 Drama, 729  
 Dreams, 66, 397, 704, 729  
 anal erotic, 686  
 homosexual, 453, 645  
 incestuous, 539, 626  
 of abortion, 642, 648  
 of compression, 539  
 of death of relatives, 651  
 of failure, 539, 589  
 of fire, 595  
 of freedom, 652  
 of maternity, 646, 648  
 of pregnancy, 648  
 of recovery, 634, 644  
 of striving, 549  
 oral erotic, 488, 522, 641  
 seductive, 397, 452  
 sexual, 529, 630, 651  
 terrifying, 500  
 wishfulfilling, 387  
 Drug habitué, 59  
 Dynamic mechanism, 9  
 E  
 Eating dirt, 585, 588, 596  
 Eccentricity, 70, 71, 440, 475, 716  
 Education, 746  
 careless, 621

Ego, 11, 78, 477  
 development of, 52, 128  
 Egoistic unity, 13, 29  
 Egotism, 436, 441, 448, 482, 489, 546,  
 592, 686  
 Ejaculatio præcox, 127, 326, 591, 626  
 Electra complex 102  
 Elimination 69, 293, 318, 335, 351  
 of an inferiority, 183  
 of functions, 289  
 of organs, 728  
 of perverse cravings, 322, 480  
 Emaciation, 563  
 Embarrassment, 204  
 Epileptiform seizure, 671  
 Epilepsy, 684  
 Erotic flight, 584  
 Eroticism (see perverse eroticism)  
 anal, 296, 346, 412, 418, 616, 661, 669,  
 671, 672, 673, 696, 697  
 auto, 97, 133, 136, 375, 470, 509, 570,  
 585, 628  
 oral, 327, 376, 378, 455, 468, 481, 492,  
 497, 523, 528, 543, 545, 596,  
 602, 632, 647  
 determinant of, 342, 641  
 polymorphous perverse, 606  
 reaction to, 345  
 Errors of speech, 544, 584  
 Erythema, 299, 311, 582  
 Esthetic interests, 158  
 Excreta  
 in infancy, 124, 127  
 interest in, 131, 615, 640, 657, 658,  
 661, 674, 676, 681, 692  
 potency of, 616  
 Exhibitionism, 396, 560, 585  
 Experience, 77

## F

Fairy tale, 704  
 Faith, 165, 167, 729  
 Falling as submission, 672  
 Family adjustments, 91, 111, 533  
 conflicts, 629, 749  
 feuds, 110, 117  
 intrigue, 106  
 mother-in-law domination, 301  
 parental domination, 86, 256, 572,  
 579, 618  
 prudishness, 87, 514, 621  
 rivalry, 619  
 sister domination, 619  
 Fantasy, 704, 729  
 enjoyment of, 587, 686  
 symbolic truth of, 666  
 Father attachment, 82, 102, 154, 380,  
 679  
 imago, 532  
 Favorite son, 99  
 Fear, 1, 24, 25, 51, 165, 204, 287, 289,  
 317, 430, 730  
 biological value of, 700  
 of assault, 408, 435, 495, 499

## Fear—Cont'd

- of consequences, 314
- of crowds, 731
- of failure, 58, 179
- of heterosexual relations, 583
- of inferiority, 478
- of moral degeneration, 593, 633
- of sexual craving, 470, 472, 627
- of sleep, 359, 647
- physiological reactions to, 478, 582

## Feminine functions, 120

## Fervor, 684

## Fetich, 39, 165, 169, 704, 730, 750

## Final common motor path, 13

- control of, 28
- segmental domination of, 531

## Flexibilities cerea, 586

## Flight of ideas, 527

- analyzed, 392

## Forced feeding, 484, 563

## Forgetting, 246, 318, 351, 650, 658

## Foundling, 628

## Freud, 5, 16, 291, 315, 705, 738

## Frigidity, 78, 94, 457, 656

- in homosexual female, 548

## Functional traits, 15

## G

## Godding, 440

## Goodness, 118, 748

## Grandfather attachment, 83, 85

## Grandiloquence, 436

## Grief, 25, 317

## Guiteau, 440

## H

## Hallucinations, 66, 91, 292, 704, 726, 729

- affective value of, 399, 650

## auditory

- accusatory, 367, 481, 490, 499, 519, 522, 527, 562, 677, 680
- bells, 499, 569
- castration, 562
- mother's voice, 527, 609
- music, 522
- shouting, 499
- steam blowing, 499
- telephone, 501
- gustatory, 366, 522, 541, 545
- of sexual assault, 335, 464, 519, 523, 549, 639
- olfactory, 366, 391, 485, 493, 495, 499
- visual,
  - angel, 522
  - dead relatives, 84, 499
  - father, 577
  - flashes of light, 493
  - infant, 643
  - pictures, 390, 501
  - snakes, 424, 488
  - stars, 522
- wishfulfilling, 390, 503, 597

## Hamilton, 447

## Hamlet's tragedy, 537

## Happiness, 118, 748

- Hatred, 72, 112, 315, 317, 675, 716
- prognostic importance of, 516, 550
- suppressed, 687

## Headaches, 98, 535

## Heavenly bride, 107, 396, 407, 576, 692

## Hebephrenic adaptations, 615, 693

- reconstruction after, 644

## Hereditary taint, 80

## Hoarding, 641, 662, 683

## Holt, 21

## Homicide, 452, 470

- attempted, 277, 674

## double, 435

## Homosexual cravings, 481, 484, 507, 547

## Homosexuality, 136, 511

- in infrahuman primates, 139
- in men, 511, 595, 601, 670
- in women, 94, 507, 508, 645, 701
- readjustment of, 525, 532
- submissive, 531, 551, 602

## Hunger, 23

## Hyperesthesia, 49, 724

## Hypertension, 23, 27, 51, 289

## Hypesthesia, 722

## Hypochondria, 529, 538

## Hypotensions, 27, 289, 730

## Hypnosis, 733

## Hysteria, 315

## I

## Images, 159, 704

## Imitation, 166

- in catatonic, 561, 586

## Impotence, 46, 98, 152, 165, 326, 433, 668, 705

## Impregnation fancy, 586

## Incest, 109, 152, 536

- fantasy, 106, 527, 584, 622, 639

## Infantile period, 124

## Infantilism, cultivation of, 572, 618, 646, 684

## Inferiority, compensation for, 71, 404, 422, 543

- defense for, 183

## functional, 179, 183, 187

## organic, 179, 181, 186

## sexual, 422

## Influence of associates, 76, 554, 572, 613, 699, 717, 746

- repressive, 86

## unconscious, 121

## Inhibition,

- of speech, 573

## of writing, 583

## Insanity as a defense, 498

## Insight, 522, 639, 650, 654

## Insomnia (see complaints), significance of, 647, 702

## Inspiration, 434, 443

## paranoid, 275

## parricidal, 439, 445, 448

Inspiration—Cont'd  
     religious, 426  
     as a defense, 504  
     towards social sexual reforms, 592,  
         731  
 Inspired act, 284  
 Intoxications, 65  
 Intrauterine period, 123  
 Intriguer, 59  
 Introspection, 529  
 Inventions, cannon, 436  
     drill, 475  
     electric generator, 435  
     language, 431, 607  
     perpetual motion, 427  
     to conserve energy, 591, 598  
 Irritability, 440, 451, 478, 498, 535, 550,  
     581, 592, 683, 686  
     significance of, 702  
 Isolation, 745  
 Itching (see complaints), 311

## J

James, 5  
 Jealousy, 687

## K

Kinesthetic imagery, 34  
 Kissing, 125  
 Kleptomania, 641, 730  
 Kraepelinian classification, 20, 189

## L

Lange, 5  
 Langelaan, 14, 30  
 Latchley, 36  
 Laws, 729  
 Laziness, 620  
 Learning, 50  
 Lethargy, 730  
 Literature, 65  
 Love, 13, 25, 112, 317  
     sublimation of, 72

## M

Madonna, 337, 396, 403  
 Manias, 730  
 Manic compensation, 384  
     happy type, 384, 419  
     fearful type, 407  
 Manna, 430  
 Mannerisms, 528, 563, 576, 586, 730  
     of eyes, 564  
     grabbing tongue, 490  
     grimaces, 491  
 Marriage, 91, 155  
     as a defense 328, 457, 458, 459, 462,  
         554  
     fear of, 581  
     loveless, 748  
 Masculine function, 120  
 Masochism, 596, 600, 732

Masturbation, 78, 158  
     cycle, 563, 584  
     fantasies, 256  
     incestuous, 321  
     in children, 131, 132, 622  
     in men, 259, 322, 324, 463, 470, 485,  
         496, 513, 518, 520, 559, 591,  
         683  
     in women, 367, 373, 377, 396, 509, 581,  
         584, 627, 658

Maturity, 152

Mechanistic classification, 190

Memory, 49

Menstrual disturbances, amenorrhea, 588  
     660

    dysmenorrhea, 84, 98, 318, 581

Mind, 7

Miser, 662

Misinterpretation, 703

Misrepresentation, 703

Mosso, 23

Mother, attachment 81, 82, 99, 152, 244,  
     321, 327, 381, 434, 502, 534,  
     542, 557, 625, 685  
     domination of 572, 579  
     invalidism of, 58  
     infantile, 103  
     hostile, 570

Muscular tensions (see postures), 21, 28,  
     698

Music, 729

Mutism, 379, 563, 586, 658

Mutilation, 323, 420, 584, 683

Mysophobia, 292, 294, 662

Myths, 141, 729

## N

Narcissism, 150, 154, 605  
     in husband, 657

Nausea, 302

Negativism, 563

Neurasthenia, 206, 261

Neuroses

    benign, 195

    compensation, 196

    dissociation, 197

    pernicious, 195

    regression, 197

    repression, 195, 289, 293

    suppression, 195, 206

    in war, 285

Neutralization, 23, 698, 704

Night terrors, 84

Nocturnal emissions, 546, 595

Novel, 704, 729

Nursing, 738

## O

Obsessions, 292, 730

    chewing tobacco, 545

    cleanliness, 294

    of mouth, 545

    language reform, 607

    of sin, 633, 657

    sexual, 629

Obsessions—Cont'd  
     vulgar word, 647  
     wishfulfilling, 472  
 Odors, 391, 630, 683  
 Oedipus complex, 102  
 Omnipotence, 409, 418, 431, 436, 483, 610  
     as defense for impotence, 427, 664  
     striving for, 494, 706  
 Onychophagy, 377, 585  
 Organism as a unity, 22, 28  
 Overwork, 265

P

Painting, 729  
 Panic, 268, 325, 361, 455, 540, 560, 595, 730  
     homosexual, 514  
     mechanism of, 477, 479  
     prognosis, 480, 514  
     -symptoms of, 540, 602  
 Paresthesia, 689, 724  
 Paralysis, 319, 346, 729  
 Paranoia, 421, 475, 510, 552, 706  
 Paranoid mechanism, 449, 533  
     in female, 472  
 Paraphrenia, 206, 702  
 Parricidal compulsion, 285, 440  
 Pathological liar, 59  
 Pawlow, 10, 36  
 Pellacini, 23  
 Penal institutions, 743  
 Pernicious mechanisms, 710  
 Perpetual motion, 427, 594  
 Personality, 74, 736  
     stages of development, 123  
 Perverse eroticism (see eroticism), 158, 478  
     atonement for, 605  
     cunnilingus, 162, 342, 368, 487, 520, 553, 602  
     fellatio, 328, 342, 468, 538, 592, 634  
     sodomy, 493, 661, 669, 676  
     and convulsions, 671  
     and stupor, 531, 667  
     unrecognized, 525  
 Phallic worship, 107  
 Philosophy, 729  
 Phobias, 289, 293, 730  
     sexual, 549, 580  
 Play, 744  
 Poetry, 729  
 Postadolescent period, 134  
 Postural tension, 21, 30, 67, 315  
 Postural tonus, 708  
 Postures, 31, 701, 720  
     crucifixion, 564, 575, 681  
     dying, 487  
     facial, 465, 573, 605, 639  
     fetal, 355, 641, 642, 658, 659, 660  
     kneeling, 601, 681  
     of eyes, 308, 460, 594, 601, 605, 681, 728  
     of feet, 350, 564, 692

Postures—Cont'd  
     of hands, 556, 601  
     of lips, 322, 368, 460, 480, 496, 525, 587  
     of vocal muscles, 490, 676, 690  
     meaning of, 587  
     sexual, 562, 576, 658  
     standing, 495, 506, 561, 597  
     stooping, 586  
     submissive, 98  
     walking, 674, 681  
 Potency, 145, 152, 422  
     and social esteem, 409  
     striving for, 668, 705  
 Prayer, 165  
 Preadolescent period, 130  
 Premonition, 583, 656  
 Preoccupation, 353, 563  
 Prognosis, 710, 715  
 Projicient apparatus, 6, 21, 29  
 Proprioceptors, 22, 33  
 Prostitution, 107, 154, 157, 399  
     cravings, 396  
     fantasies, 107, 584, 624, 630  
     homosexual, 464  
 Psychasthenia, 206  
 Psychic energy, 24  
 Psychoanalysis, 67, 733, 734  
     essential aim of, 740  
     experimental, 740  
     of benign dissociation (manic), 385  
     of catatonic dissociation, 577  
     of chronic paranoid dissociation, 518  
     of hebephrenic dissociation, 644  
     of paranoia, 508  
     of repression neurosis, 301  
     of suppression neurosis, 251  
     technique of, 742  
 Psychopathic personality, 206, 748  
 Psychopathology, 1  
 Psychoses, 704  
     in heterosexual individuals, 718  
     periodicity in, 590, 717  
 Pulling threads, 364

## R

Rapport, 286, 738  
 Reality, 66, 400, 704  
 Rebirth, 567, 576, 588, 596  
     as a purification, 569  
 Receptors, 23, 32,  
 Recreation, 158  
 Reeducation, 733  
 Regression, 162, 353, 384, 420, 461, 634  
     infantile, 367, 576, 637, 654  
     intrauterine, 379, 514, 641, 642, 658  
     to homosexuality, 94, 95, 97  
     to nursing, 553, 564  
     types of, 711  
 Religion, 72  
 Religious compensations, 409, 414, 424, 435, 442, 592  
 Religious symbolism, 704, 729  
 Repressed wish, 5

Repression, 4, 12, 61, 160, 711  
 successful, 315  
 symptoms of, 72, 73

Resistance, 291, 702, 740

Rest cures, 733

Restlessness, 702

Retardation, 495

Retention,  
 of feces, 337, 340  
 of saliva, 586  
 of urine, 340

Revelations, 427, 607

Ritual, 39, 165, 704, 730

Rubbing,  
 saliva, 364, 375, 658  
 scalp, 373  
 skin, 264, 540  
 urine in hair, 658

## S

Sacrifice to parents, 110, 254, 285, 571

Sadism, 600, 732

Schools, 158

Scientific research, 729

Screaming, 540, 583

Sculpture, 729

Seclusiveness, 500, 542, 582

Secret power, 461, 465  
 society, 390, 401, 455

Seduction, 732  
 as a compensation, 463, 469

Selection, 243

Self-control, 128, 158, 738

Self cures, 671, 690

Self-redemption, 560, 607

Sensitiveness, 257, 424, 475, 500, 533,  
 535

Sex taboo, 96, 718

Sexual curiosity, 130, 621, 635  
 ignorance, 573, 581, 624  
 interpretations, 633, 635  
 phobia, 134, 135  
 reversion, 139, 140  
 selection, 89  
 trauma, 104

Shame, 25, 312, 317

Shamming, 275

Sherrington, 8, 14, 21, 22, 28, 290, 703

Shock, 624

Simulation, 121, 293, 321, 335, 344, 351  
 of dying, 487  
 of father's illness, 320  
 of mother's illness, 583, 631  
 of parturition, 335, 338, 563, 643, 657  
 of pregnancy, 360, 376  
 in male, 332, 677, 691

Skin picking, 369, 373, 585, 639, 674

Soaking, 359, 596

Social systems, 729

Somersaults, 658

Speech, 741  
 errors of, 544, 584  
 hesitating, 573, 686

Speech—Cont'd  
 stereotyped, 585

snecring, 674

cautious, 460

mumbling, 495, 563

Spitting, 460, 491, 545, 631, 678

Stories, 729

Struggle for existence, 241

esteem, 128, 187, 709

sexual favor, 187, 702

Stupor, 661

associated with sodomy, 551, 667, 672,  
 673

Sublimation, 72, 456, 709, 745

Submission, 250

Sucking, 124, 332

Suggestibility, 527

Suggestive therapy, 733

Suicide, 284, 323, 480

as a regression, 512, 513, 653

as a solution, 84, 469, 498

attempted, 584, 631, 683, 692

by poison, 487, 519

by strangling, 487, 522

cutting throat, 491

fantasies, 162

hanging, 491

impulsive leaping from windows, 541

plunging on head, 322, 491

poison, 491

pounding head, 491

Summation, 62

Superiority, 424

Suppression, 4, 12, 61, 205, 711  
 of sexual functions, 88

Surliness, 542

Survival of the fittest, 241

Suspicion, 458, 460, 463, 542, 686

Swallowing objects, 377, 480, 486, 588,  
 596, 659

Sweating, 575

Symbols, 19, 39, 159, 166, 704, 715

ambivalence of, 410

erotic, 403, 405

of evil, 414, 488

of immorality, 339, 568

of impotence, 492, 669

of infants, 584

of parturition, 643

of pregnancy, 658

of purity, 411, 413

phallic, 174, 438, 488, 602, 603, 640,  
 679

seminal, 391, 480, 484, 491, 492, 586,  
 596, 603, 649, 690

sexual, 41, 381, 424, 430, 488, 584, 631

## T

Thought, 6, 34

Tic, 546, 729

abdominal, 327

Timidity, 312  
 Transference, 67, 286, 398, 509, 517, 587,  
     654  
     altruistic, 378  
     danger in, 738  
     heterosexual, 566  
     mechanism of, 56  
     negative, 267, 477  
     positive, 267, 274, 477, 516  
     prejudice against, 735  
 Tremors, 540, 575

## V

Vascular tumescence, 698  
 Virgin Mary, 403, 657  
 Virility, 118, 138, 178, 279, 748  
 Visual constriction, 299, 315  
 Vocational department, 745  
 Vomiting, 84, 304  
 Vulgarity, 693

## W

War neuroses, 285, 729  
 Watson, 10, 13, 36  
 Wertheimer, 33  
 Will, 6, 24, 57, 129  
     diseases of, 206  
 power, 58, 205  
     overcome, 532  
     loss of, 730  
 Wish, 35, 129, 698  
     dissociated, 56  
     for death, 630  
     fulfillment, 63  
     neutralization of, 123  
     peripheral origin of, 27  
 Work, 744  
     remunerative, 745

## Y

Yellow, 586, 683











